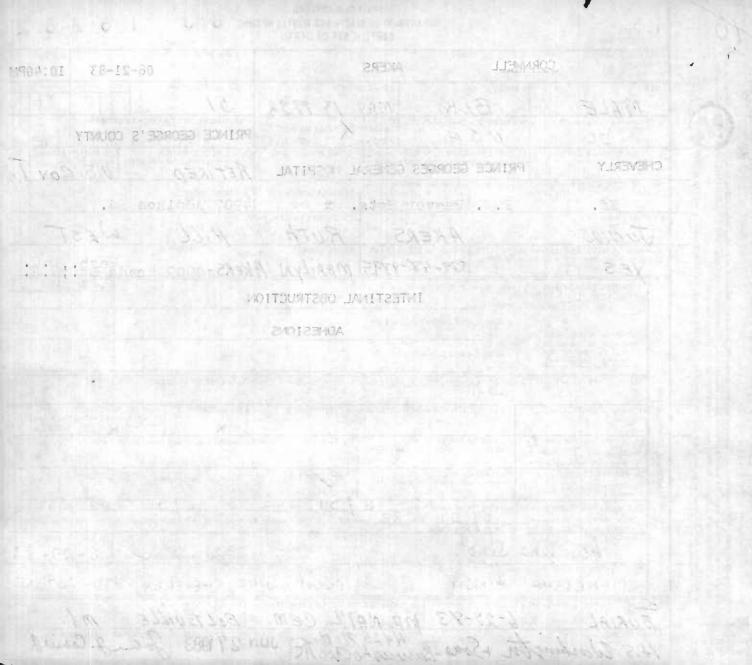
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	10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	
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edicol	léa V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES]		17. INFORMANT	ADDRESS		
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s any injury, ar ather tr	CERTIFICATION	gave rise to immediate cause lol, stating the underlying cause last: PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE (c) ONDITIONS CONTRIBUTING 196 CONDITION FOR WH	TO DEATH BUT I			/EN IN PART I (d	
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l 18	ICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART 1 OR PART 2)	
5	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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IMPORTANT		Barry Ros	senberg M	0	Chever	Landover Road		
	(urial, cremation, removal specifyj Burial	6/20/83	Resurre	METERY OR CREMATORY	23d LOCATION CITY OF TOWN CY Clinton P.G. M	Maryland	STATE
1/B1		INERAL DIRECTOR Lee Fu			- 11	UN20 1983	PAR'S SIGNATO	thelp

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(VRA 15, 4)

STATE OF MARYLAND



20M 4/82

STATE OF MARYLAND

4339 HUNT PLACE, MA

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AND 212 24 hou filled in ould be	35	-			other institution. TY e Geo.		TOWN sville	13d. INSIDE CITY LIMITS?	13 4009 Galla	tin St	207 reet #	
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24. FUNERAL DIRECTORLee Funeral Home, Inc.

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

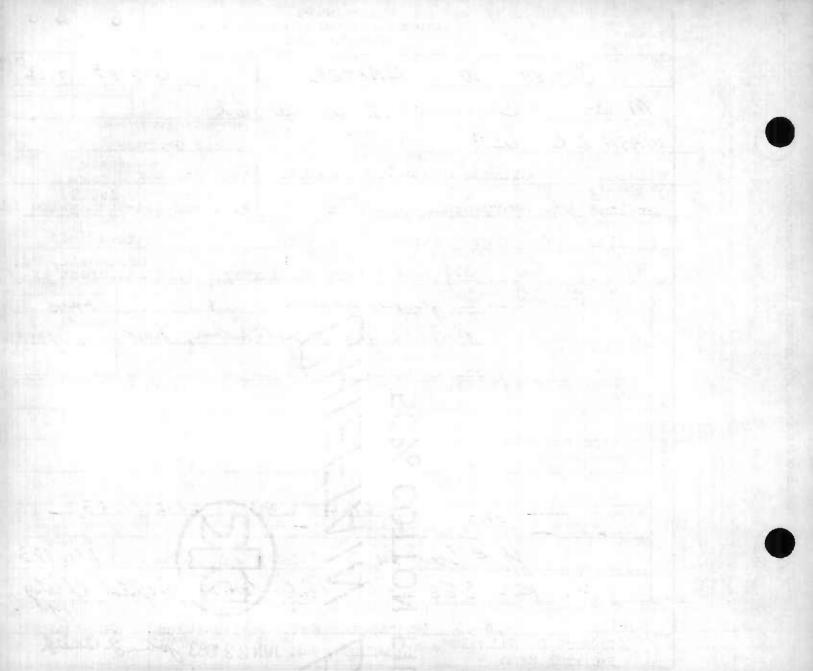
BALTIMORE CITY OR COUNTY OF DEATH Prince George's County. 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY **PEPCO** (20613)11725 Redwood Drive, East Ann Appuelies - Same As #13 A-E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ministe 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 85, and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Brandywine Clinic, Brandywine, Maryland June 10, 1983 Resurrection Cemetery Clinton, Pr. Geo., Maryland 250. DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE OHAM - 16 50M 4/82 (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

REG. NO.

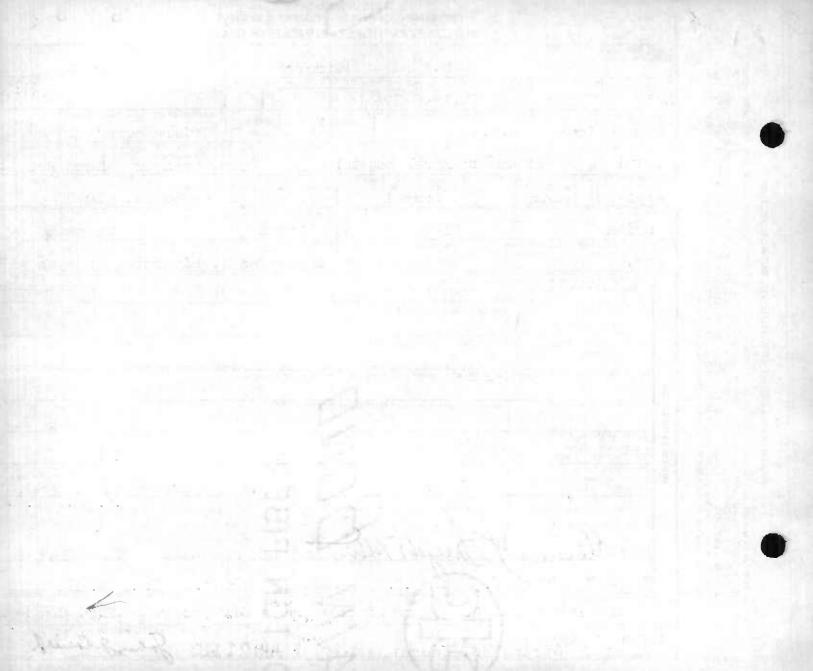
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	OR AI DIRECTOR Dept. of H them 2		22b. SIGNATURE	er) view the body after death	DEGREE				22c. DATE	SIGNED
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	TO HOSPITAL IN TO FUNERAL Should be deto with the Stote IMPORTANT: H		14.	K. LEE	140 C	luton	Commu.	to spil	Tal C	cutor,
	Day Name	23a. B	SURIAL, CREMATION, REMOVA	I JIB DATE 2	NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	1	COUNTY	1400
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	(VRA 15, 4)		Funeral	Home	Suitland	, Mai Ju	N 2 2 1983		0	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE KNOWN 1. DECEASED NAME DAY (TYPE OR PRINT) ESTI-Clyde. н. Bickford DEATH MATED 6/18/839 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED July 29,1943 39 yrs Male White 6/18/83. 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Connecticut U.S.A. Prince George's County WIDOWED DIVORCED 2, AND 3 TO THE FUN 3. RETAIN PAGE 4. SHOULD BE FILED. W. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Laurel Greater Laurel Hospital Gen. Manager Auto Recyl. ND 2 SHOULD BE P JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Howard 2 Meadow La. 20707 Laurel NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, 2
VITH FORM PM 3
PAGES 1 AND 2 MIDDLE FIRST Bickford Orion Gladys Sargent 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS DIVISION 003-30-5818 Christina J. Bickford No. same as 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL CHIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D JRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO T EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BARTIMORE, MARYLAND, 21201 PROR TO BU 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOURXXXX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR CONTRIBUTING CAUSE OF DEATI MEDICAL $1:00_{PM} + - 6/18/83$ subject driver in auto/auto collision 21e PLACE OF INJURY (AT HOME. 211. LOCATION highway AT WORK NOT WHILE Southbound RT.1 near CherryHillLane, Laurel. AT WORK P.G. CO., 22a I certify that I took charge of the remains described above, held an Autopsy Suicide death resulted is Natural causes Undetermined manner Assistant MEDICAL EXAMINER 6/20/83 EXAMINER'S NAME Dennis F. Smyth, M.D. Penn St., Balto., Md. 21201 (TYPE OR PRINT) 231. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 6/23/83 Fort Lincoln Crematory Brentwood, P.G. Co. Md. 24 FUNERAL DIRECTOR FIECK FUNERAL HOME OF THE TOTAL TO THE TOTAL **DHMH - 17** (VR A15 ME (5) Md.20707 20M 4/82



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST 70 DATE OF DEATH MONTH L DECEASED NAME FIRST MIDDLE TYPE OR PRINTS Helen Brown June 1983 0:20p M 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR July 7. 1898 Female. White 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Massachusetts U.S.A. Prince George's WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Riverdale Leland Memorial Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Zip Code - 20782 136 COUNTY 13g. STATE 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 6605 44th. Ave. Marvland P.G. Univ. Park YES X NOF IA FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charles White Lillian Maryott H. J. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Address Same as [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) No# 13e. 212-38-3955 Mrs. Elizabeth J. Yoder No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congestive heart failure One week DUE TO, OR AS A CONSEQUENCE OF Old myocardial infarction Canditians, if any, which 18 months gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Unknown Arteriosclerotic cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 a 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 78s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT NO [216, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE August 12 80 June 220.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an June 7 19.83_, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) yiew the bady after death. 226. SIGNATURE A DEGREE 22c DATE SIGNED ATTENDING MEDICAL ouwann FUNERAL I PHYSICIAN TO DIRECTOR PHYSICIAN June 8, 1983 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Carl J. Houmann, M.D. 4404 QueensburyRd., Riverdale, Md.

BP. DHMH - 16 50M 4/B2

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VRA 15, 4)

Cremation

23b DATE

230. BURIAL, CREMATION, REMOVAL

June 8,1983 Ft. Lincoln Crematory

23c. NAME OF CEMETERY OR CREMATORY

P.G. Maryland Brentwood

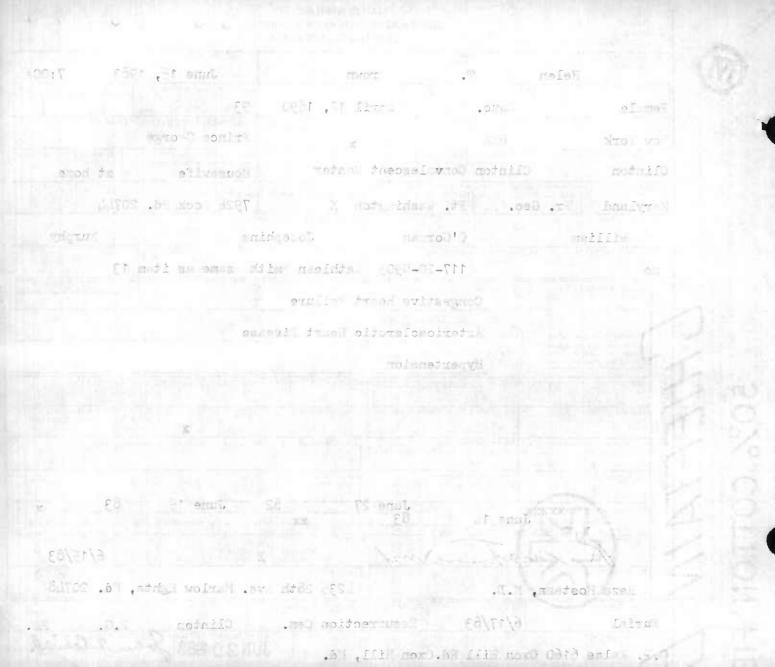
23d LOCATION

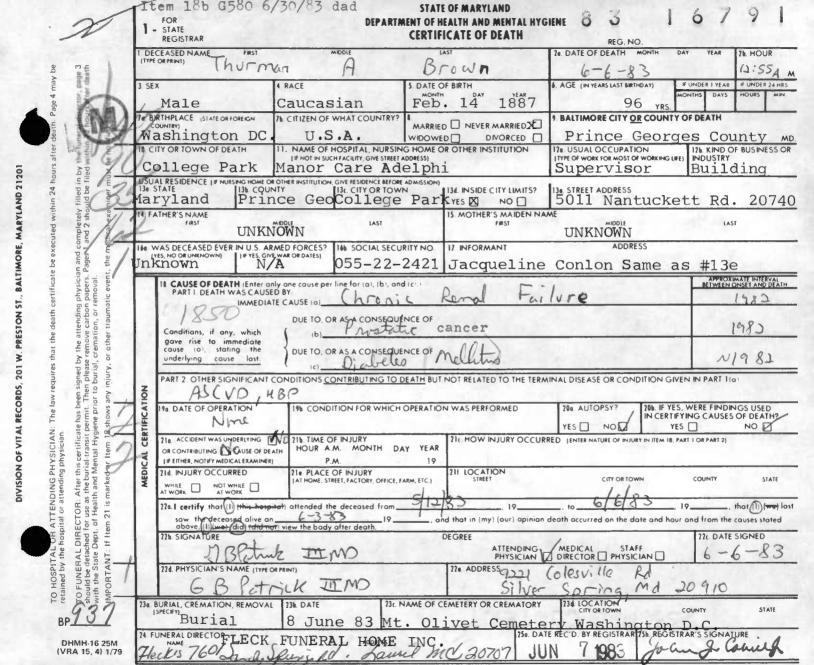
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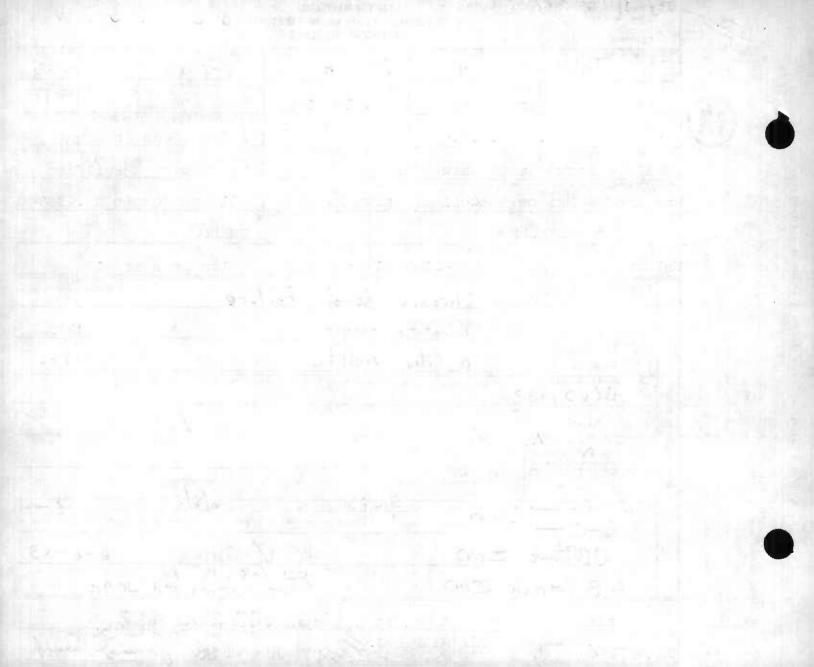
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



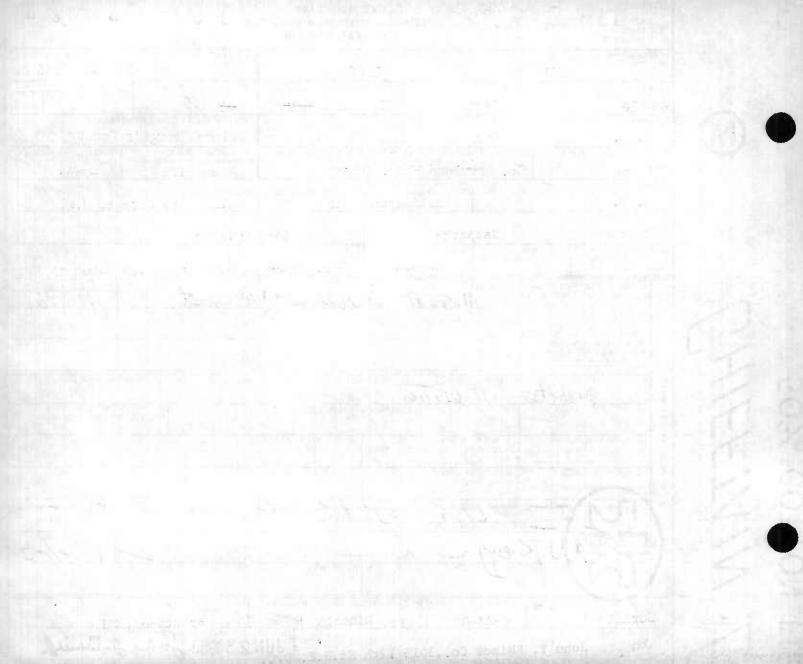




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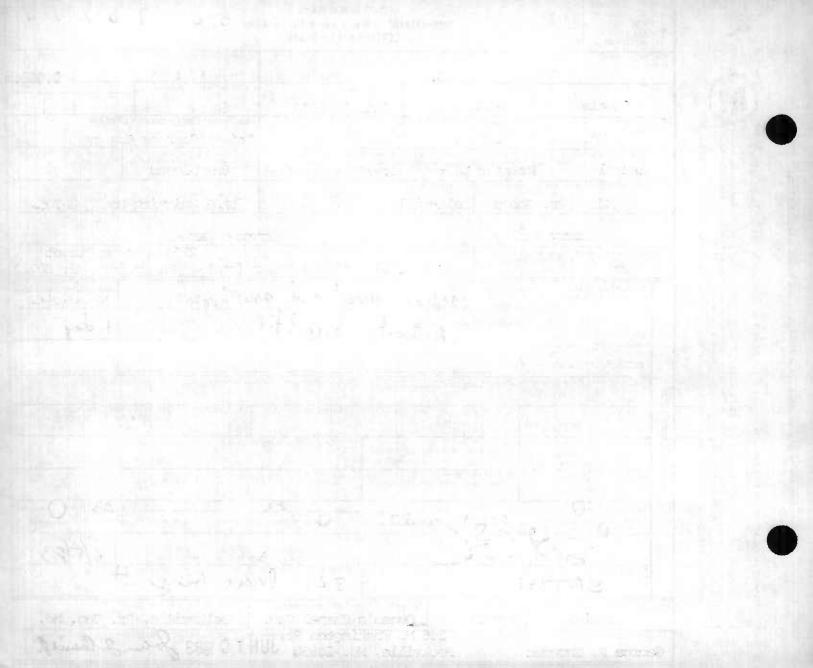
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ot p	{TYPE OR	PRINT)	OSALE	F		BU	CKMON	DA.			Jun :	18	83	9:45 am
nay be page 3 r death	3. SEX	N		4. RACE		5. DATE C		1927	6. AGE (IN	EARS LAST BIRT		IF UNDE		IF UNDER 24 HRS
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W AT	7a. BIRTI	PLACE (STATE OR	FOREIGN		WHAT COUNTR	Y? 8			9. BALTIMO	RE CITY OF		Y OF DE	ATH	
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S	· C.		USA	1	WIDOWE	D NEVER M	ORCED	Prin	ce Ge	orge'	s Co	ounty	, MD MD
# 11 86	Clin	OR TOWN OF DEA		So. Ma	HOSPITAL, NUR CHEACILITY, GIVE STR ryland I	Hosp. C	enter	ITUTION	,	OCCUPATION FOR MOST OF	WORKING LI		KIND OI USTRY -NO	ne
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thin thin 2 sho	14. FATH	ER'S NAME				0		MAIDEN NAM						
d with	Et	igene	^	Sas	parts			Rose	Swist	MIDDLE en			LAST	
cote cole	160 WA	S DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMAL			ADDRE	SS			
Pages medical	{YES.	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	Unkn	own	Mr.	James	C. Buc	kmon/	husba	ind/s	same	as 13e
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or attending physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filth and Mental Hygiene prior to buriol, cremation, ar removal. In and Mental Hygiene prior to buriol, cremation, ar removal.	NOI	and itians, if any gover rise to a manager (a), stational course (a). Stational course (a) and a manager (a) and a manag	mediate ng the e last.	ONDITIONS C	ONTRIBUTING	O DEATH BUT			20a AUT	OPSY?	20b. IF YE	S, WERE	E FINDIN	NGS USED OF DEATH?
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DING PHYSI or attending at After this ca e as the burn afth and burn marked an Me	2	MHILE NOT W	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFI	CE FARM, ETC)	21f. LOCATIO STREET	N		CITY OR TO	WN	со	UNIY	STATE
OR ATTENDIN he haspital ar DIRECTOR: Af packed far use a Diegr. of Health		sow the decease above, (1) (1) FIGNATURE	ed alive an	-	117 1			ATTENDING _	MEDICAL	_ STAI	F _		ram the	that (we) last causes stated SIGNED
TO HOSPITAL retained by the TO FUNESAL should be dering the State shaden.	23a BU	RIAL, CREMATION				3c. NAME OF C	22e. ADDRES		DIRECTOR		IAN	COUN	NTY	STATE
BP	Bi	irial		6-23	-83	Ft. I	incoln				twood			
DHMH - 16 50M 4/82 (VRA 15, 4)		ERAL DIRECTOR	ohn T.	Rhines	5 Co.,30	15 12tl	n St.N.I	E DO DAT	N 2 3 1		To Gu	J.	Con	ulf.



2		1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 1	6 7 9 4
	oy be		CEASED NAME FIRST	vette	Burden	20. DATE OF DEATH MONTH Sunce 30.	1983 11 PM
	ge 4 moy	3. SE		1 RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 1904	6. AGE (INJEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DATS HOURS MIN.
	od . Po	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	OF DEATH OF GE MD.
5	by the filed with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN JIF NOT INSUCH FACILITY, GIVE STREET Magnotia Gata	1 . 1/ " // .	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE TOUSE WIF	12b. KIND OF BUSINESS OR INDUSTRY
ND 21201	hin 24 hour ly filled in should be fer must be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136, COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 24 Q	Ve. 20785
MARYLAND	ompletely ond 2 sh	14. FA	THER'S NAME FIRST ISSAC PA	MIDDLE FERSON LAST	15 MOTHER'S MAIDEN N		LAST
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ST.,	deoth certificate b attending physicia ove carbonpopers, trian, ar removal. oumatic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	only one service for (a), (b), one ED &Y: ATE CAUSE (b) DUE TO OR & A CONSTQUE	1-45utticie	mey t. l.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS,	n. no been sign permit. Then ne prior to bu	CERTIFICATION	MAN OF PERATION	Sim Ob	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 1F YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{T} \)
OF VITAI	HYSICIAN: The ding physicio is certificote buriol-tronsit Mentol Hygie or Item. 18 sho		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	PRED (ENTER NATURE OF INJURY IN ITEM 18, F	
NOISION	ond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 8	21f LOCATION	CITY OR TOWN	COUNTY STATE
٥	ATTENDING ospitol or or ECTOR: After d for use os t. of Heolith m 21 is mork		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	not) view the body after death		n death occurred on the date and hou	
	ITAL OR A by the hos RAL DIREC detoched itate Dept. NT: If them	-	Dr. Henr	a. Wise	A /	DIRECTOR PHYSICIAN	221. DATE SIGNO 2/1/83
	TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT: P	1	TENNY/	9. Wise &	22e ADDRESS Lan	ham, md.	
	BP		SPECIFY) TSURIAL	7-6-83 23c.	NAME OF CEMETERY OF CREMATORY	M. T. AND OVER	F. MB
D	HMH - 16 50M 4/82 (VRA 15, 4)	.24. FI	INERAL DIRECTOR	++01/ 5635-E	ADC CL. M. E	ATE REC'D. BY REGISTRAR 256. REGIST	and Court

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45-ye	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEUE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO	196
33 % 82 F.	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN W MONTH DATE OF ESTI- WALTER BUSTELO DEATH MATED 6 15	_
RECTOR. RETORY JE FILES 72 HOURS	3. SETALO 1. PACE CAUCASIAN MALES FOR THE TOTAL OF BOTH TO THE TOTAL OF THE TOTAL	5 19 83 5p M
OM)90	76 BIRTHPLACE (STATEOR PUETTO RICO MARRIED NEVER MARRIED Prince George's (County MD.
DELAY IS N PACE NE FILE DOS. 2011	ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION RIVER DE LE LAND HOSPITAL NURSING HOME, OR OTHER INSTITUTION RIVER DE LE LAND HOSPITAL NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	OR INDUSTRY
# ANY DEL # AND 3 TC 8 RETAIN SHOULD BE SHOULD BE	Maryland Montgomery 13 Bethesda 13d MyDE (117 LIMITS? YES NO 13 MY MOST West Hwy.	# 706
STATE OF THE WAR	Manuel Bustelo 15. MOTHER'S MAIDEN NAME APPLE Morale	3.5 AST
BALTIMORE JIPS AFTER DE GIVE PAGES WITH FORM I T. PAGES I AN DIVISION OF	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Ana E. Morales 1400 East-West I	Iwy Bethesda
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARMAND, 2120 PRIOR TO BURIAL, RAND MENTAL HYGIENE, BALTIMORE, MARMAND, 2120 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PARTI DEATH WAS CAUSED BY: Drowning DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, D BE EXEC PENDING, MEDICAL D AS A BUIN REALTH AN CREMATI	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Seizure disorder 190. Date of Operation 190. Condition for which operation was performed?	0 AUTOPSY?
VITAL I	THE CONTRACTOR OF THE CONTRACT	YES X NO
DIVISION OF AIS CERTIFICATE WRITING THE W ARDED TO THE (GE 3 SHOULD B TIE DEPÁRTIMEN ZO PRIOR TO B	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ONTRIBUTING OR CONTRIBUTING COURSED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 2) 216. HOW INJURY OCCURRED	
DICAL EXAMINER: The THE CERTIFICATE. A SHOULD BE FORW. MERAL DIRECTOR: PAGEATH, WITH THE STINGORE, MARMAND, 23,008E, MARMADD, 23,008E, MAR	22a Lcertify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinia death resulted fram: Notural causes , Accident X, Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE	Md.
TO ME EXECUTE PAGE TO FUI PATER	EXAMINER'S NAME V Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 130 BURIAL TIMENON, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY CHITOR TOWN June 18 1983 Puerto Rico Memorial San Juan Puerto	STATE
BP DHMH - 17 (VR A15 ME (5)) 20M 4/82	74 FUNERAL DIRECTOR RObt. A Pumphrey Bungasas Indexodal JUN 151983	

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E SE	3. SE)	11-	4 RACE		YEAR LAST BIRTH	DAY) MONTHS	ER 1 YR. IF UND	DER 24 HRS 20 MIN. PR	DATE	MONTH	DAY YEAR	24 HOUR 28
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A HATELY	FO	REIGN COUNTRY)		11. 5. A	COOTVIKT:	MARRIE	D NEVER MA	RRIED			's Count	V
Za Tale		TY OR TOWN		11 NAME OF HOSPITA	AL, NURSING HOA	NE, OR OTHE	RINSTITUTION	12a USUA	LOCCUPATION		126 KIND OF BU OR INDUSTI	SINESS
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MORE, ER DEATH PAGES I ORM PAGES I	12	ENRY	/	E	VICAMS		CLATCA		DRENZ		PENN	
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A 24 V ITE A LOP T PEI OVA		95	30	DUE TO, OR AS	A CONSEQUENCE	OF	100					-
V. PRES: WITHIN NCIL IN MINER A MINER			ns, if any, which ise to immediate	(b)								
ED W.		cause (a lying cau) stating the <u>under-</u> use last.	DUE TO, OR AS	A CONSEQUENCE	OF						
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.2 ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PR. S.E. 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 174ND 28. E. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH OTHER CHIEF MEDICAL CREMATION, OR REMOVAL.	Z	TAKI Z OTNEK S	IDMITICAM COMBITTONS	CONTRIBUTING TO DEATH BUT	TOT RELATED TO THE TE	CMINAL DIZEASE	OK COMPITION SIVEN II	N PAKI 1 (0)				
L REC	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITION	FOR WHICH OPE	RATION WA	S PERFORMED?				20. AUTOPSY	?
VITAL RE SHOULD ORD "PEI CHIEF AN EUSED AN TI OF HEA SURIAL, O	I I										YES X	NO 🗌
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SION RTIFIC VG TI SHOOI	MEDICAL	21d INTURY	NG CAUSE OF D	DEATH 9.55P.M.	0/1/83 19 NJURY (ATHOME.	SUI 21f. LOC	oject har	nged se	<u>I†</u>		-	
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E TH RE, W RWA E PA STA	134		ify that I took charg	1	abave, held an	Autopsy			Inquiry .	ond in my op		
A THE STATE OF THE		death result	1	Acouses . A	ent	Vicide X	Homicide _	7	mined manner		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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SHOULD ALL		ACTUAL SIGNATURE	M	over 1	1/mex	M.I	Deputy	Chiefor	AL EXAMINER	DATE	6/2/	83
DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEP. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	4	EXAMINER'S	NAME Tho	omas D. Smi	th. M.D.		DDRESS 11	l Penn	St., Bal	to. Mo	1. 21201	
TO B AFTE	23a.B		TION, REMOVAL 2				CREMATORY	1234 100	ATION			ATE
BP	C	REMAI	TON .	JUNE 9, 83	LEE C	KIMA	TORY	WA	shing To	v .	カ	
) DHMH - 17	24. F	NAME NAME	CTOR	ADDRESS	- TIT -		25a. DA	TE REC'D. BY R	EGISTRAR 25	EGISTRAR'S S	IGNATURE -	h
(VR A15 ME (5)) 20M 4/82	1	UNI	PUNERA!	Home 28	3/7-	11 11/2	カス	N 1	300	9		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2n DATE OF DEATH MONTH

2b. HOUR June 19, 1983 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

(20814)

Teresa Callaghan Caucasian

July 25 . 1906 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH

Prince George County, MD. TYPE OF WORK FOR MOST OF WORKING LIFE! Receptionist U.S. Gov't

| 13e. STREET ADDRESS (20814) | 4812 Montgomery Lane

Hyattsville 21st Avenue USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a, STATE
13c, CITY OR TOWN

Bethesda

United StateSVIDOWED A

Kelliher

IS MOTHER'S MAIDEN NAME Margaret

McGeever

In WAS DECEASED EVER IN U.S. ARMED FORCES? No

Montgomery

16h SOCIAL SECURITY NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

Faye Porter OF ESOPATGUS

7007 21st Avenue Hyattsville, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (a), stoting underlying couse

Thomas

- STATE

(TYPE OR PRINT)

REGISTRAR

Female

New York

Maryland

To. BIRTHPLACE I STATE OF FOREIGN

IO. CITY OR TOWN OF DEATH

L DECEASED NAME

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	3/7/83
I	21a. ACCIDENT WAS UNDERLYING
1	OR CONTRIBUTING TO CAUSE OF DEA

216 TIME OF INJURY

OF ESOPHACEUS YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

190 DATE OF OPERATION

HOUR A.M. MONTH DAY 21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

DEGREE

COUNTY CITY OF TOWN

STATE

YEHR

sow the deceased live on obove ((I) we) did (did not) view the body after death

22a.1 certify that (1) (this hospital) attended the deceased from

PHYSICIAN X DIRECTOR PHYSICIAN

22c. DATE SIGNED June19,1983

IAN'S NAME ITYM DEPRINTS Ralph M. Coan, M.D.

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

4400 East-West Highway Bethesda, Md.

23a. BURIAL, CREMATION, REMOVAL Entombment

Robert A. Pumphrey Funeral Homes, P.A., Bethesda, Maryland

Brentwood, Maryland

Ft. Lincoln Cemetery

DHMH - 16 50M 4/82 (VRA 15, 4)

Part of the second seco Rapping Commenced and Commence making home sometral walk to the

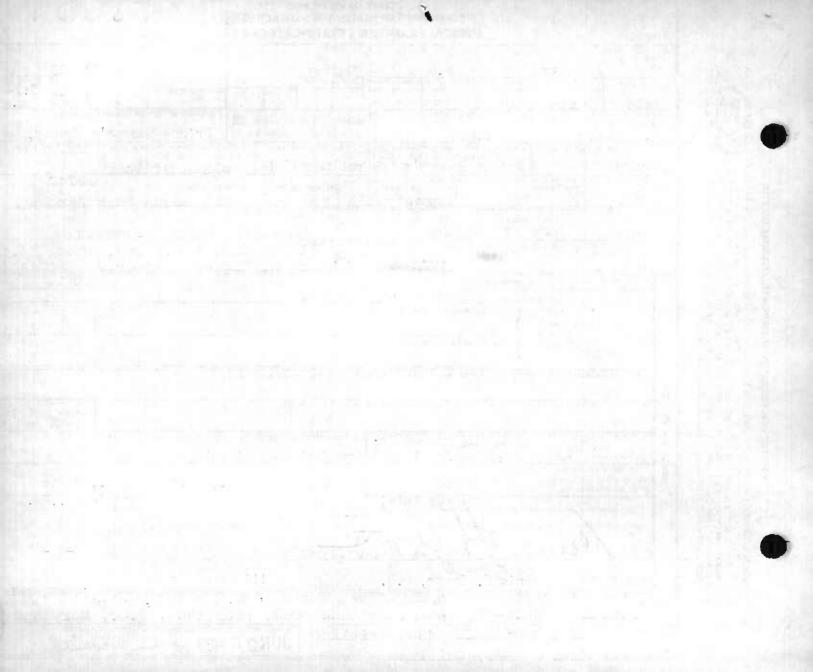
0.		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 3	6 1 9 9
	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
yy be age 3 death		CEASED NAME HEIEN	M C	allahan	2a. DATE OF DEATH NONTH OF	8 83 8 55AM
frer p	3. SE	Female	White	5. DATE OF BIRTH 28 15		FUNDER 1 YEAR IF UNDER 24 HRS
ooth. Poge		RTHPLACE ISTATE OR FOREIGN COUNTRY) ASHINGTON. D.C	76. CITIZEN OF WHAT COUNTRY!	8. MARRIED NEVER MARRIED WIDOWED MOONED DIVORCED	P. G	DF DEATH MD.
on softer d		TY OR TOWN OF DEATH	. (JE NOT IN SUCH EACHITY GIVE STREET	ial Hospital	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) HOME MAKEA	126. KIND OF BUSINESS OR INDUSTRY
Approved ed within 24 hours of mpletely filled in try and 2 should be fill examiner must be mat			NOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOY ALLOW TO THE CONTROL OF THE CONTR		13e. STREET ADDRESS	20783 VENUE
App. App. mpletely and 2 sh		THER'S NAME REALTHANAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
d second co		VAS DECEASED EVER IN U.S. AR	=()	JRITY NO. 17. INFORMANT	ADDRESS OCKHART, 3922 ON	EISA PL. HYATTS
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or o		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	ENICE OF	D CAPDIAL INFA	,
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OR A DIRECTOR DEPT.		22b. SIGNATIONE	ot) view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 FR: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA ATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. PR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE INSTANT OF HAEITH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		00 1 16		e of the remains des	body	only)		y X.					eorge	's (.O., N	d.
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EXAMINE CERTIFICA JUD BE FO DIRECTOR WITH THE ARYLAND,		death resulted t	fram: Natural c	Accident	L, Suicide L	J., Hamicide L.	Undetermined manner		
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TO MEDICAL EXAME EXECUTE THE CENTI PAGE 4 SHOULD E TO FUNERAL DIREC BATTER DEATH, WITH BALTIMORE, MARYL	23n B	(TYPE OR PRINT)	N,REMOVAL 23b. [DATE Inc.	NAME OF CEMETERY	OR CREMATORY	123d. LOCATION		
	(SPECIFY)				MORIAL PARK	LANDOVER.	P.G.C.	STATE Md.
BP	24. F	BURIAL UNERAL DIRECTO		20-1700	THE TOTAL TIE			REGISTRAR'S SIGNATU	
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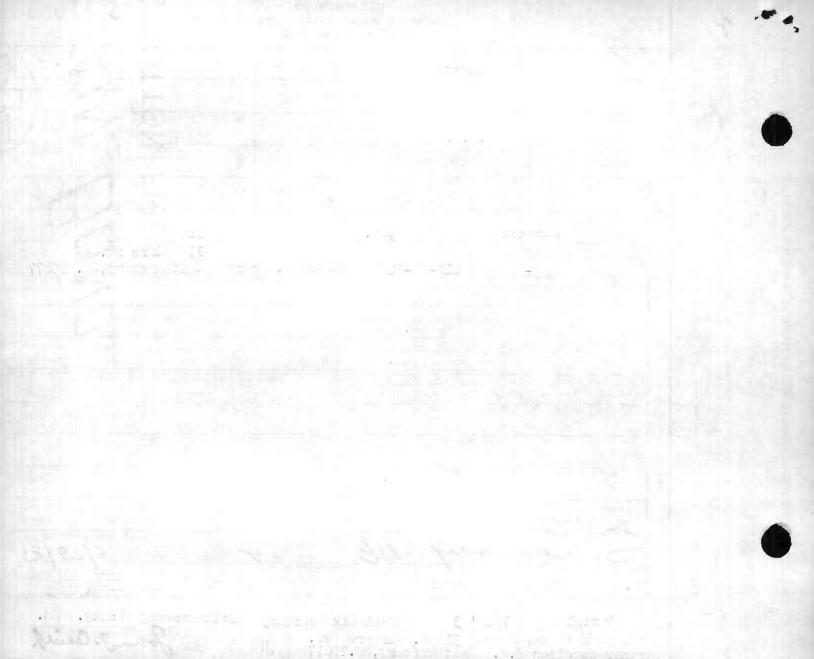
2-			STATE OF MARYLAND	0.0.2
1			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 3	8 0 /
		1 56	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	ner went to troub
		TYP	VOE OF ECTI	DAY YEAR 26. HOUR
	E SES SE		EJOISE FRAZIEV COX DEATH MATED 6	DAY YEAR JACKSTR
	A STATE OF S	J.	EX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS.) 21. DATE MONTH PAY 12 - 12 - 12 LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED G-12	108384
-1	Face A CU		BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED PREVER MARRIED 9. BALLIMORE CITY OR COUNTY	OF DEATH
	TO DE		Virginia U.S.A. WIDOWED DIVORCED DIVORC	2995 MD.
_	STATE OF	10 9	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1)	7b. KIND OF BUSINESS OR INDUSTRY
	AL ALLA	1/1	feecket profit in sychiacity, given pet address) Housewife Convertible of the profit of working life)	wn Home
	A SEPTIMENT A SEPT		JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (11Y LIMITS? 136. STREET ADDRESS	
212	A RELEASE		aryland P.G. 136. CITY OR TOWN Accokeek 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS Pine Drive 2	0607
MD.	H 12881/	14. F.	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE LAST FIRST MIDDLE	LAST
w	AND SEE	R	ichard Frank Galerielsky Lois	Jones
WO	L NA GRADE	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
ALT	A A A A A A A A A A A A A A A A A A A		No STORY ON THE STORY OF THE ST	
- 3	URS AF WITH WITH IT. PAG DIVISI		18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N S	24 HOUR TEM 18. ONG W PERMIT. SIENE, D	W.	PARTIDEATH WAS CAUSED BY: (Monic Obstructure Juliumany) dislas	
STO			DUE TO, OR AS A CONSEQUENCE OF	
8	VITHIN VCIL IN INER A RANSIT TAL HY		Conditions, if any, which gave rise to immediate (b)	
3	2 × 2 × 2 × 2		couse (a) stoting the <u>under</u> lying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
. 20	XECUTE VG" IN CAL EX- CAL EX- BURIAL AND M		(c)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	H S S A I S	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
S S	AS CRE	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
¥	00=27	No.	178. CONDITION FOR WHICH OPERATION WAS PERFORMED:	
T/	NOR CHARLES	1	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	YES NO 1
ō	CERTIFICATE SHITING THE WORDED TO THE CEST SHOULD BE UDEPARTMENT OF PRICE TO BURN PRIC			
Š.	PAR DE LE	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, 211, LOCATION	
N N	VRITIN VRITIN VRDED ARDED GE 3 S GE 3 S TE DEP 201 PR	ME		NTY STATE
1	E>\$\$\$2		AT WORK AT WORK	
	ECERTIFICATE DULD BE FOR L DIRECTOR: 1, WITH THE S MARYLAND,		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opin	nion
	MAN HELEN		death resulted fram: Natural causes . Accident ., Suicide ., Homicide . Undetermined manner	
	WAN WAR	-/	ACTUAL (VICENAL DATE	1-11-83
	A H S H H H	/	SIGNATURE SIGNATURE MEDICAL EXAMINER DATE SIGNED	W 13 2V
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BAITIMORE, MARYTAND		EXAMINER'S NAME CLASTO R ROCK 1600 2 ADDRESS 5229 Ray Burn Ch. C	martines.
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		230.E	(SPECIFY)	Maryland
	BP	24 F	FUNERAL DIRECTOR 1254 PATE REC'D. BY REGISTRAP 106 REGISTRAP'S SI	
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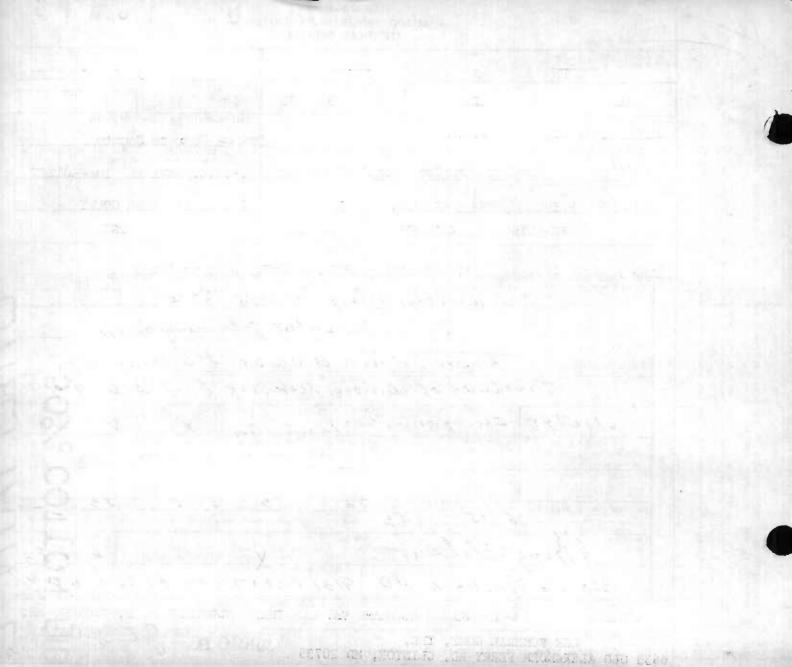
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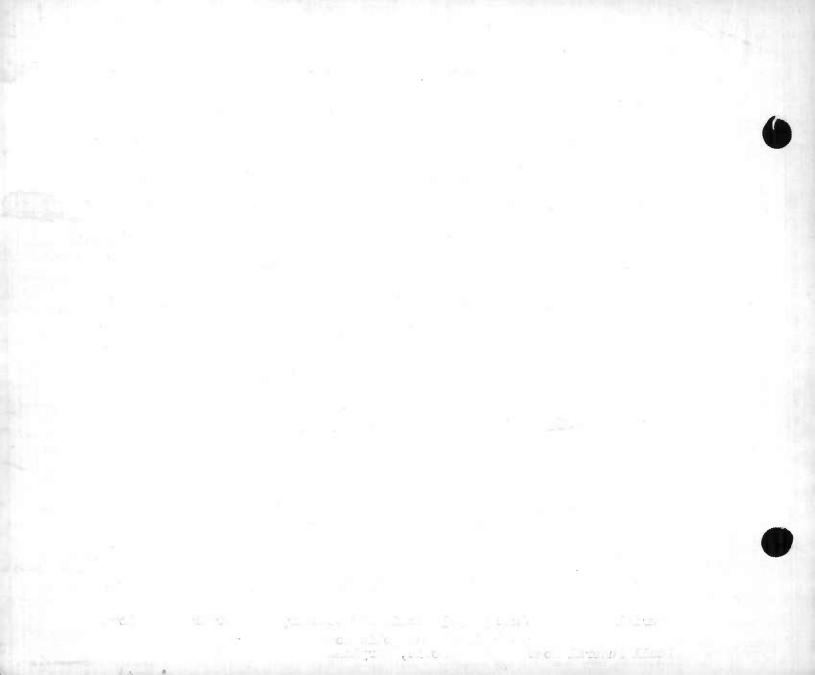
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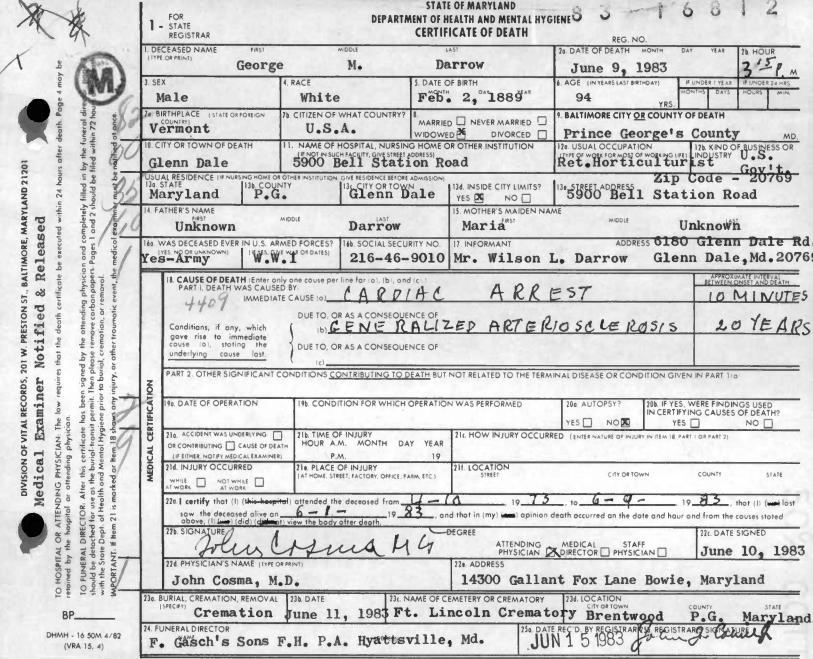
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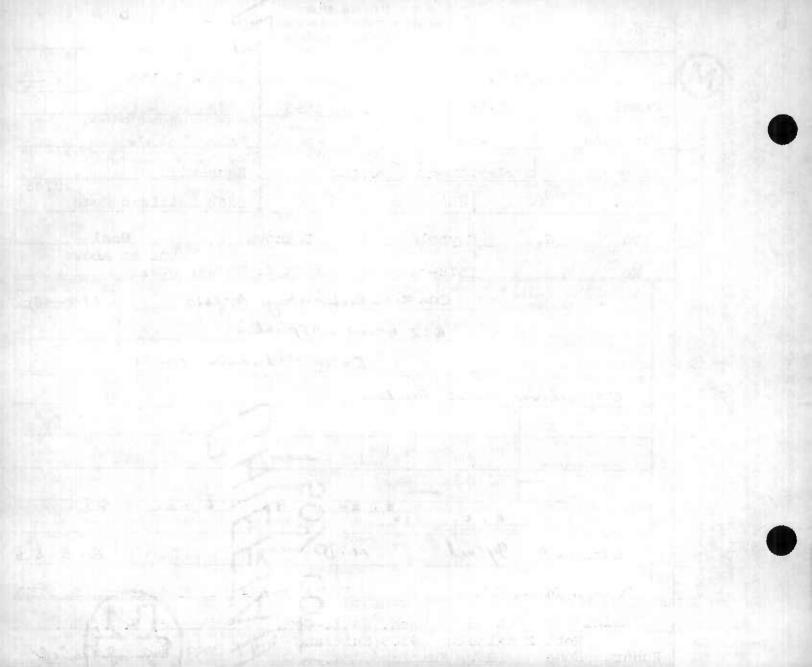
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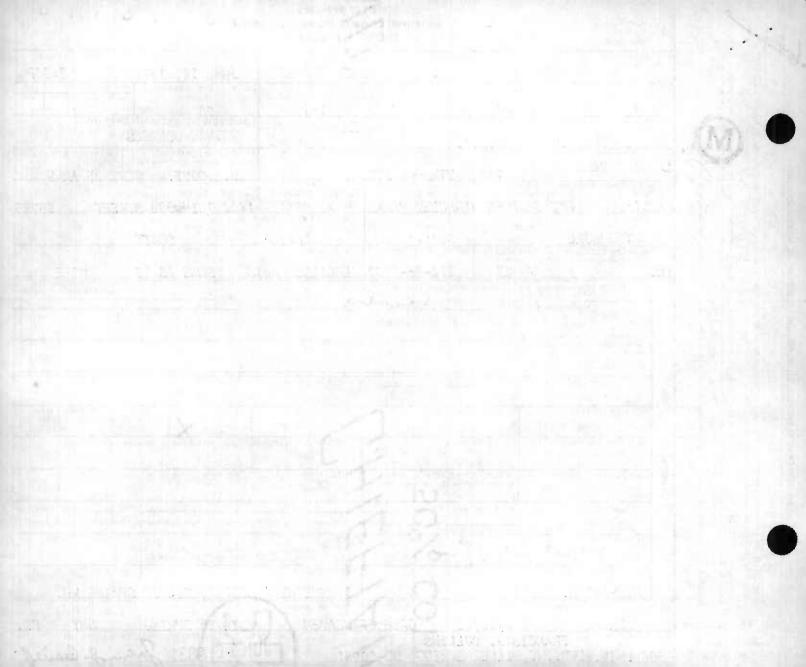
	REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).		
	CEASED NAME	FIRST	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
,,,,,		e G. Davis	3			June 3	1983		8:17 A
3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
_	remale		ite	Dec.		89	YRS		110010
7a. B	IRTHPLACE (STATE OR FO	REIGN 76. CITIZEN	OF WHAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	F DEATH	
	7irginia		USA	WIDOWE		Prince Geo	orge's		٨
	ity or town of DEAT Riverdale	(IF NOT	OF HOSPITAL, NURSIN NSUCH FACILITY, GIVE STREET and Memoria	ADDRESS		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewif	WORKING LIFE)		F BUSINESS C
USU/ 130. S	AL RESIDENCE (IF NURSIN STATE Md.		13 CITY OR TOW Suitla	ADMISSION)		13e. STREET ADDRESS 5208 Sui		l Road	20746 1
	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	Ira	J .	Revnold	e	Unkno	MIDDLE	N.	leal LAS	
	VAS DECEASED EVER II	N U.S. ARMED FORC	S? 166 SOCIAL SECU		17. INFORMANT	ADDRE	ime as	7har	70
(,	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DAT	5.78-74	_5710	Warnon T	. Davis, S	ine as	S ADO	/e
	NO DE DEATH	L.C. to a solution of	e per line for (o), (b), one		Vernon 1	. Davis, L	,011 /	APPROXI	MATE INTERVAL
	PART I. DEATH WA	AS CAUSED BY:			Respiratory	Anna			mus on
	couse (a), stating								
NO	underlying couse	IFICANT CONDITION	O, OR AS A CONSEQUE O SCONTRIBUTING TO D LEAST FOR		Intravento The TERM			N IN PART 110	31
TIFICATION	underlying couse	IFICANT CONDITION	S CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM		206. IF YES,	WERE FINDIN	IGS USED
AL CERTIFICATION	PART 2 OTHER SIGN CONS 190. DATE OF OPERATI 210. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS	IFICANT CONDITION IFICANT CONDITION IPID 19b. CO RELYING 21b. TI AUSE OF DEATH HOU	SCONTRIBUTING TO DESCRIPTION FOR WHICH	OPERATION AY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY? YES \(\text{NO } \text{NO } \text{X}	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	IGS USED OF DEATH?
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	Underlying couse PART 2 OTHER SIGN CONS 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 71d. INJURY OCCURRI WHILE NOTIFY MEDIC 27a. I certify that (I) (sow the deceose, cobove, (I) (we) (di 22b. SIGNATURE ALCAN 22d. PHYSICIAN'S NA	IFICANT CONDITION IFICANT CONDITION IPID 19b. CO IFICANT CONDITION IPID 21b. TI AUSE OF DEATH AL EXAMINER) IFICANT CONDITION IPID 21b. TI AUSE OF DEATH AL EXAMINER) IFICANT CONDITION IPID 21b. TI IPID 21c. PL (AT HO) IPID 21c. PL (AT HO	S CONTRIBUTING TO E PONDITION FOR WHICH WE OF INJURY R. A.M. MONTH DA P.M. ACE OF INJURY AE, STREET, FACTORY, OFFICE, F and the deceased from pody ofter death.	OPERATION AY YEAR 19 PARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 1d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	AMEDICAL STAR	20b. IF YES, IN CERTIFYI YES Y IN ITEM 18, PAR	COUNTY COUNTY	STATE state that (1) (we) le couses stated SIGNED 3 - {



STATE OF MARYLAND

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11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	Peccased NAME Palph Duncan Dees 20. DATE KNOWN MONTH DA	O 19 23 M
1 5	DATE OF BIRTH 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE FUNDER 1 YR. IF UNDER 24 HRS. 26. DATE FUNDER 1 YR. IF	1983 1980 M
W 34	BIRTHPLACE ISLATE OF WHAT COUNTRY? B. MARRIED NEVER MARRIED OF BATIMORE CITY OR COUNTY OF WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	FDEATH
110	11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK IN A FOR MOST OF WORKING LIFE)	KIND OF BUSINESS OR INDUSTRY ONSTRUCT-
	STATE OXON HILL WARYLAND 13b. COUNTY PR. GEO'S OXON HILL 13c. CITY OR TOWN 13c. CITY OR TOWN 13d. (INSIDE CITY LIMITS? YES X NO 1100 OWENS ROAD	20745
14.	FATHER'S NAME MACK MIDDLE LAST MIDDLE MIDLE MIDDLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE	LAST KNOWN
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. YOS UNKNOWN) 1/920-1923	LANDING RLBORO
2	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying couse last.</u> (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	0 AUTOPSY?
		YES NO
MEDICAL	216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 217. PLACE OF INJURY (ATHOME, STREET CITY OR TOWN COUNTY STREET)	STATE
	220. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNED	6-14-83
	(TYPE OR PRINT) Augusto P. Rodrichez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hi	ills, Md.
230	BURIAL CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY	EOIS MA
	CREMATION 6/14/83 CEDAR HILL CREMATORY SUITLAND, (PR.G.	

THE RESERVE AND THE PROPERTY OF THE PROPERTY OF THE PARTY TAOK LIE O COLF X ALL MACO LINE OF CH MOINTE LEVE DATE , e e e SELECTION 6/18/03 COUNTY OF THE CHARMAN SELECTION OF THE Jan Maria Maria

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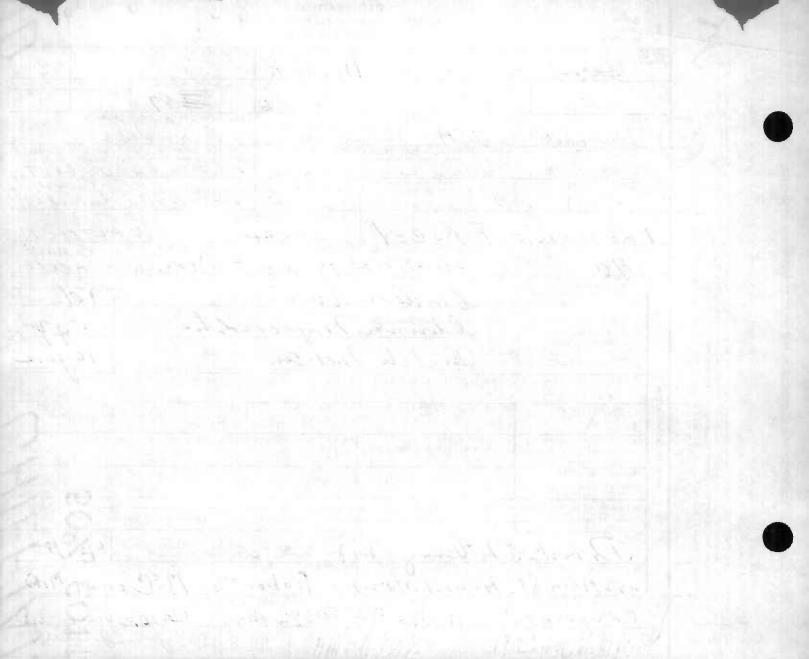
requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

1 -			ATE OF MARYLAND	C. 53	0 0 .0
	FOR STATE		HEALTH AND MENTAL HYGI	ME O	77
	REGISTRAR		IFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE / //	inst .	20. DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
_	thill !	GRAU ESUlle	Herrick	4/37/	3 49
X		RACE 5. DATE		AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MI
	1	WFI	ch 22 1895	8	7YRS.
	RTHPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT COUNTRY?	IED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
	(Unshinstoude		WED DIVORCED	Phine	Heorge
CIT	TY OR TOWN OF BEATH	 NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 	OR OTHER INSTITUTION	20 USUAL OCCUPATION	1 16 KIND OF BUSINESS
	Laurel, Md	Breater Laure	1 NSG, Home	FEDURI Em	
	L RESIDENCE (IF NURSING HOME OF OT TATE / 13b. COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		3e. STREET ADDRESS	2010XLourely
	md p	o. 14 (sure!	YES NO PO		08 Cederbrok La
FA'	THER'S NAME		15 MOTHER'S MAIDEN NAM		
1	EREN ERICH	DOLE FRANKLY	SARA	WIOOFE	WALTHER
a. W	AS DECEASED EVER IN U.S. ARM		. 17 INFORMANT	ADDRESS	Shans
141	IS NO TUNKNOWN) (IF YES, GIVE V	WAR OR DATES) 2/12 -33	93 HORACE	FILER	ICIC - AMOUR
7	TO CALLET OF DEATH OF THE		T / 10 MACE	1. DEKK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ı	PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c).) BY:	auch		BETWEEN ONSET AND DEA
ı	2500 IMMEDIATE	CAUSE (0) La Carolliano	- uvo		101-
1		DUE TO, OR AS CONSEQUENCE OF	many	white	1-476
н	Canditions, if any, which gove rise to immediate	(0)	_ //		77
-	couse (a), stating the underlying couse last.	DUE TO, ORA) A CONSEQUENCE OF	molitar		10 year
-		((c) 2000000	1 neces		
z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BE	JI NOI RELATED TO THE TERMIN	IAL DISEASE OR CONDIT	TION GIVEN IN PART WA
CEKIIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATI	ION WAS PERFORMED	20g AUTOPSY?	ROB. IF YES, WERE FINDINGS USED
2	THE DATE OF OFERATION	THE CONDITION TOR WHICH OF EXALT	ION WASTERIORNED		N CERTIFYING CAUSES OF DEATH?
¥ .	2 a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	YES NO	YES NO
	OR CONTRIBUTING CAUSE OF DEATH	LIGHT AND MONTH BAN WEA	R R	CENTER NATURE OF INJURY	NITEM IS PART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
- 1	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
I	WHITE C				
	WHILE NOT WHILE AT WORK				
	220. I certify that (I) (this hospita	I) ottended the deceased from		_, to	, 19, that (I) (we) !
	AT WORK AT WORK	I) ottended the deceased from		_, to	, 19, that (I) (we)
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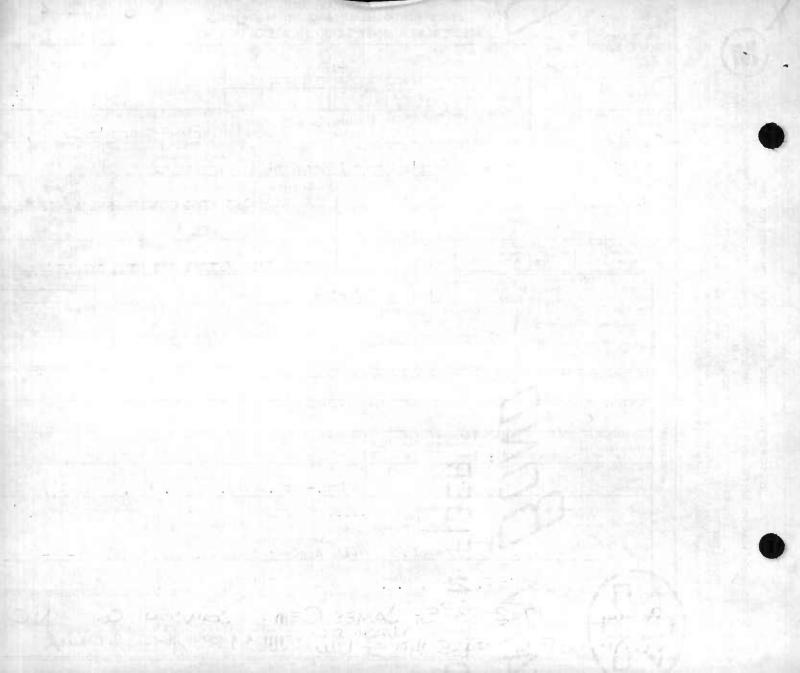
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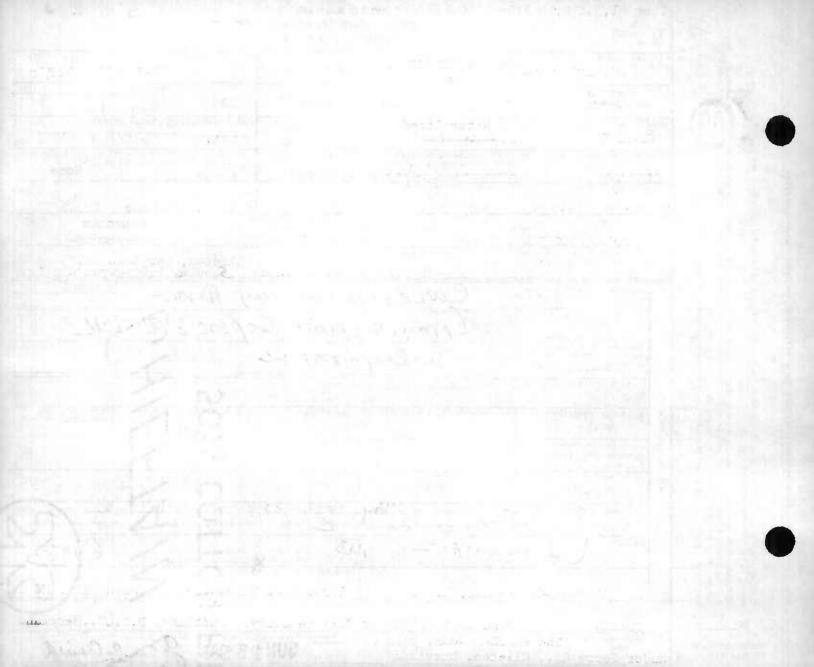
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CRRTIFICATE WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH. WITH THE STATE DEPARTMENT OF HE BANTMANCE. MARYDAND, \$1201 PROR TO BURIAL,		(TYPE OR PRII						ADDRESS						
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9		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN	IJURY OCCURE	RED (ENTER NATURE OF INJ	RY IN ITEM 18 F	PART 1 OR PART 2)	
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		22a. I certify that (I) saw the decease abave, (I) (we) (c	(this hospite	June	19	-23	d that in (my)	, 19. 83 (our) opinion (to N. M. M. death accurred on the d			that (I) (we) last causes stated
		22b. SIGNATURE	His	47				ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []	22c. DATE	SIGNED
1		22d. PHYSICIAN'S	MA ITOM ON	N 55 60	Alie	ary	22e. ADDRES	1	rel Porks	r (ai	iel H	1 20207
	23a 6	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	June 7	. 1983	Glenwoo	EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN Washing	1	COUNTY	STATE
32	24 FI	uneral director Iines/Rina	ldi Fu		1180	O N.H.	ðy84°		REC'D. BY REGISTRAR	256 BEG1S	TRAR'S SIGNA	TURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Carlton Xavier 6/12/8319 Fletcher 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 7 2945 PRONOUNCED Male April 11, 1951 Black 6/12/8319 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TINEVER MARRIED Washington D.C. U.S.A. DIVORCED Prince George's County ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Police Officer Prince George's General Hospital Georges Count Cheverly Prince Geo. Maryland Landover 13d. INSIDE CITY LIMITS? 7763 Muncy Road 20784 NO [] YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bell Agnes Clarence Fletcher 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 212 54 5551 Demetria O. Fletcher Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) IMMEDIATE CAUSE (a) Shotgun wound of neck DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). E 3 SHOULD LE DEPARTMENT OF HEAT OF THE TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING XOR subject shot 1:44RM 6/11/83 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED PLACE OF INJURY (AT HOME. 211 LOCATION Arco Mini-Mart, 8711GreenbeltRd., Lanham, P.G. WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I store Autopsy Inspection 220. I certify that I took charge of the remains described above, held on Hamicide X Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6/13/83 Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME 23c. NAME OF CEMETERY OF CHARLES 23a, BURIAL, CREMATION, REMOVAL 23b. DATE P.G. COUNT Maryland Hermony Memorial Gardens Landover Burial 6/16/83 256. DATE REC'D BY REGISTRAR (76). REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. DHMH - 17 Hvattsville, Maryland (VR A15 ME (5)) 20M 4/B2

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) Andrew FRANCER June 15, 1983 4:30 pm 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH Male Caucasian July 20, 1902 80 To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Prince George's U.S.A. Hungary WIDOWED IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Glass & (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Doctors' Hospital of Pr. Geo. Co. Lanham Glazier Paint Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4517 Oaklyn Lane (20715)Bowie Maryland NO K Geo 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Anastasia (Unknown) Andrew Francer TAR WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) Same as 13 Maria Francer (wife) Unknown no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Ko PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED The PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE EARM ETC.) NOT WHILE me 22a.I certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. DEGREE

23a. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME TTYPE OR PRINTS

22b. SIGNATURE

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

14300

22c. DATE SIGNED

Burial 24 FUNERAL DIRECTOR

June 20, 1983 St. Joseph New Catholic Cemetery, Lancaster, Pa.

DHMH - 16 50M 4/B2 (VRA 15, 4)

00

Capitol Funeral Service, Falls Church, VaJUN 2

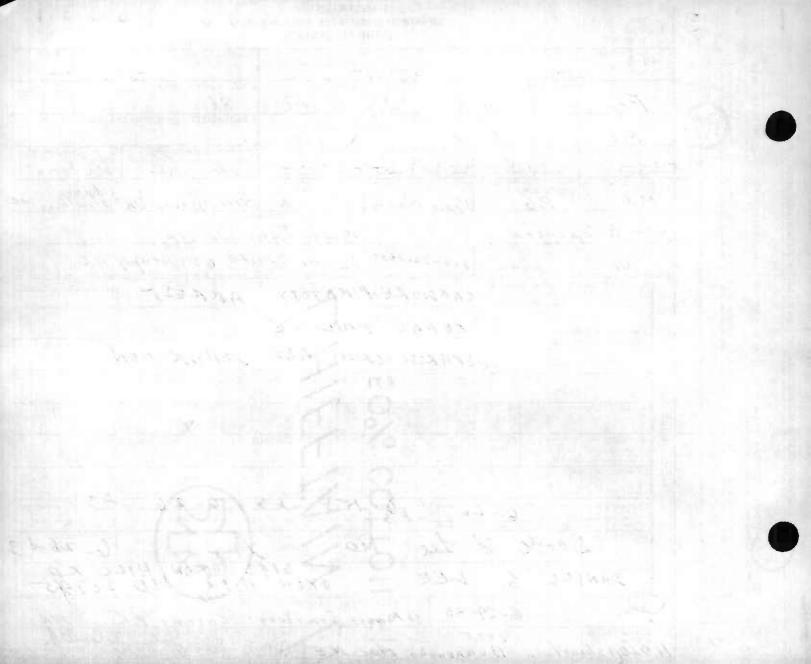
ATTENDING DIRECTOR PHYSICIAN

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TAL OR A y the hos RAL DIREC detoched detoched note Dept.	22b. SIGN	ATURE	Jack	cme	he		N.D ATTENE	DING TO	MEDICAL DIRECTOR PP	STAFF HYSICIAN [22c DATE 6/9	SIGNED 1/83
TO HOSPITAL or retoined by the TO FUNERAL I should be detoined the Stote of the Post of the Stote of the Stot		JACK	4 C			n.D.	3700 East				ttsville	,Md.2078
BP	23a BURIAL, CR (SPECIFY)	BURIAL		23b. DATE 6/11/	83 F		NCOLN		BRENTWO	ODO	PRT GEO	MD".
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERALD NAME 500			IS J. C ,W.,SIL	OLLINS VER SPRIN	IG, MD.		250. DATE R	N.1 3 198		STRAR'S SIGNAT	Comief

James M. James J. Sept. James James J.

3	١,	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 3 1	6831
7	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
-		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth		HATTIE		GALLOWAY	06 26	5.83 2.10PM
-	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
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20 7	USU	AL RESIDENCE (IF NURSING HOME OF STATE . 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF		136 STREET ADDRESS	117777
(A)		Md. P		Mpa/bex yes NO	5111 Spring D.	n. Kingelbone
ne -	14. F.	ATHER'S NAME	,,	15. MOTHER'S MAIDEN N		
60	14	Hen W. Snene	MIDDLE LAST	Munny Tia	ne Dauglas	LAST
	16g '		RMED FORCES? 165 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRESS	
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5		220.1 certify that (1) (this has	pital) attended the deceased fran	19	3 to 6- 26	, 19, that (I) (we
21 :		saw the deceased alive o		and that in (my) (aur) apinia	n death accurred an the date and ha	ur and fram the causes state
Hea		22b. SIGNATURE	nat) view the bady after death.	/ DEGREE		224 DATE SIGNED
#		TO SIGNATURE	ita el Jan	MO ATTENDING	MEDICAL STAFF	1 21
TANT		Wille	U R LEE	PHYSICIAN	DIRECTOR PHYSICIAN	60-
Z	1	224. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e. ADDRESS 6	92 OXAN LI	ILC KD
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IMPORTANT			0,	0 10 0	WILL WAS	40147
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STATE OF MARYLAND

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1 -	STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	TENE	REG. NO.		
	CEASED NAME	FIRST		MIDDLE	Ĺ	AST	2a. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
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3. SEX	X	4 R	ACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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CC	RTHPLACE (STATE OR DUNTRY)	FOREIGN 7b		WHAT COUNTRY?		D NEVER MARRIED		George!		
-	Y OR TOWN OF DE	ATH 11.		OSPITAL, NURSIN		DIVORCED DIVORCED DIVOROTHER INSTITUTION	12a LISTIAL OC	-	12h KIND C	E BLIS INTESS OF
-	attsville		rattsv		r Nur	sing Home	Cler			Assoc.
13a S	ALRESIDENCE (IF NUR TATE Tyland	136 COUNTY P.G.	ER INTITUTION	13t. CITY OR TOWN Hyattsvi	N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET AU 5725	DDRESS Zi 43rd. Av	p Code -	20781
	THER'S NAME PERST PARTIES	MIDD	LE	Joy		Doretta		WIDDLE	onstanti	ne
	/AS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	166 SOCIAL SECU 217-26-1		Mr. Jack R.	Gans W	ADDRESS 63. Palm B	54 Summi each,Fla	
	18 CAUSE OF DEAT PART I. DEATH V			line for (a), (b), one R AS A CONSEQUE		Mr. Jack R.	guten	Δ.	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH 1/87
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MEDICAL CERTIFICATION	190 DATE OF OPERA	2	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	IN CER	YES, WERE FINDIF TIFYING CAUSES YES [
CAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATU	re of injury in Item 1.	8, PART 1 OR PART 2)	
MEDI	21d. INJURY OCCUR	VHILE .	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
	sow the deceo- obove (1)		6-7	-83 19		nd that in my compinion	, todeath occurred	on the date and h	, 19, nour and from the	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by 11 should be detached for use as the buriol-transit permit. Then please remaye corbanoppers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian, or remayal. IMPORTANT: If Item 21 is morked at Item 18 shows any TO HOSPITAL BP

injury, or other troumotic event, the medico

DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAL, (SPECIFY) CREMATION, REMOVAL Burial June6,1983

rick IMMO

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

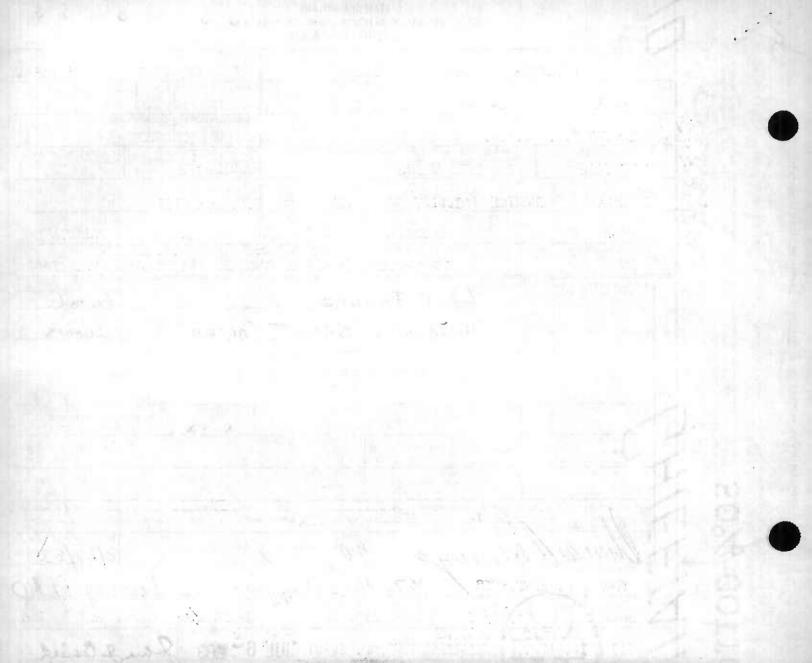
22e ADDRESS

23d. LOCATION OF CITY OR TOWN
Brentwood

P.G. Maryland

74 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Maryland JUN

- Carl W. grader. Sames e. cults demail, the Collins the least to the description of the last two transfers of the last Stand Sand S 10 to grade attended to the sand a design of



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9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's 13. USUAL OCCUPATION 12b. KIND OF BUSINESS OR School 3502 Duke Street 20740 Rolfe 4709ADHavenswood Road Riverdale, Md. 20737 APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN Edgewood Road Conge pric MI Brentwood P.G. Maryland "Francis Gasch's Sons Funeral Home, P.A. Hvattsville. Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

2h HOUR

IF LINDER 1 YEAR

7:05 PM

IF LINDER 24 HRS

- STATE

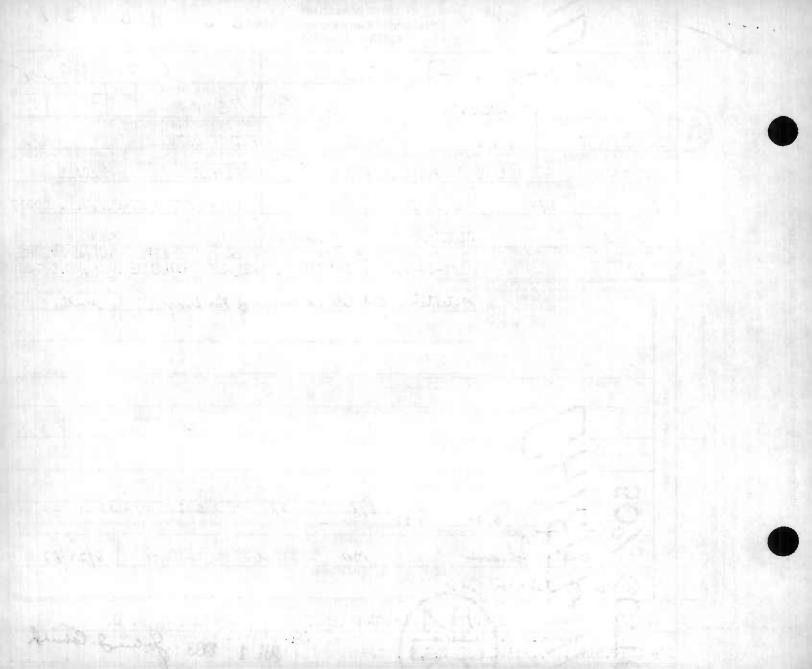
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S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DO WITHOUT HOURS I WENTER STREET,	Ma.		4. RACE White	5. DATE OF BIRTH June 4,	1918	6. AGE (IN YEARS LAST BIRTHDAY) 65 YRS.	IF UND		UNDER 24	HRS. 2c. DA	TE	June	DAY	YEAR	2d. HOUR 8:51p
NEGESSA UNNERAL S FOR Y	23	RTHPLACE (PEICH COUNTRY VIRGIN	ia	U.S.A	b. CITIZEN OF WHAT COUNTRY? U.S.A. **MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF Prince Georges 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1726, USUAL OCCUPATION (TYPE OF WORK 1726, K.)							es		MD.	
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BALTIMORE, MD. S AFTER DEATH. IF GINE PAGES 1, 2, ITH FORM PM 3. PAGES 1 AND 2 SI VISION OF WITAL		Yager		MIDDLE	Gibs			5. MOTHER'S	T	VAME	MIDDLE		ohns	AST D n	
ALTIMO AFTER I SIVE PA(TH FOR! AGES 1	160. V	VAS DECEASI	ED EVER IN U.S. AR/ OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES]		Ol 049		7. INFORMA Jary G		Same	as #1		ife)		
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 UD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N. "PENDING" IN PRINCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OTHE FIF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE ED AS A BURIAL- TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED. HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 M. AL, CREMATION, OR REMOVAL.	Z	gove (couse (couse (couse)	ons, if ony, which ise to immediate i) stating the <u>under-</u> use last	(b)	as a con	NSEQUENCE OF	L OISEASE O	DR CONDITION G	SIVEN IN PART I	(a),					
₹ SSHRPS	CERTIFICATION	19a. DATE O	FOPERATION	196 COND	TION FOR	WHICH OPERAT	ION WAS	S PERFORME	ED?					UTOPSY?	ио. Ж]
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DIVISION OF V. TO MEDICAL EXAMINER: THIS CRETIFICATE SEXECUTE THE CERTIFICATE. WRITING THE WOPAGE 4 SHOULD BE FORWARDED TO THE OF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH. WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BE		7 7 7 7 1	tify that I took chargeted frame. Notwo	ge of the remains de ral causes	Accident R.S.	, Suici		Hamicidi TITLE (SPE Depu	c(FY)	Inqui Undetermined _MEDICALEX	AMINER		ENED 6/		
BATTER BALL	730.B		ATION REMOVAL	73h DATE 6/15/83	23c. Ft	NAME OF CEME	TERY OR	CREMATOR	Υ [Brency	N	P.G.			
DHMH - 17 (VR A15 ME (5))	PF H	ancis yattsv	Gasch's S ille, Mar	ons Funer	al Ho	ome, P.A	•	250	JUN 2	7 198	RAR 2/b.	REGISTRATE	SCAT		

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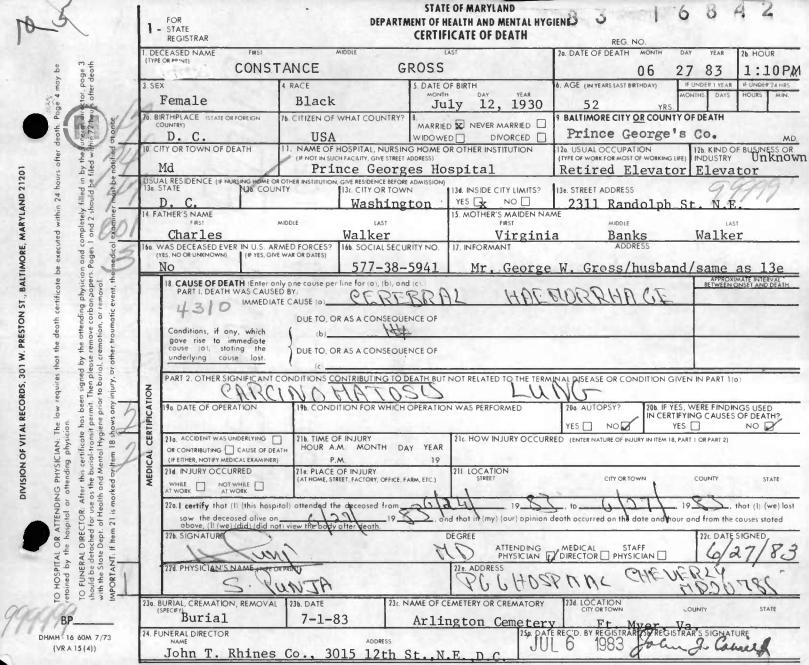
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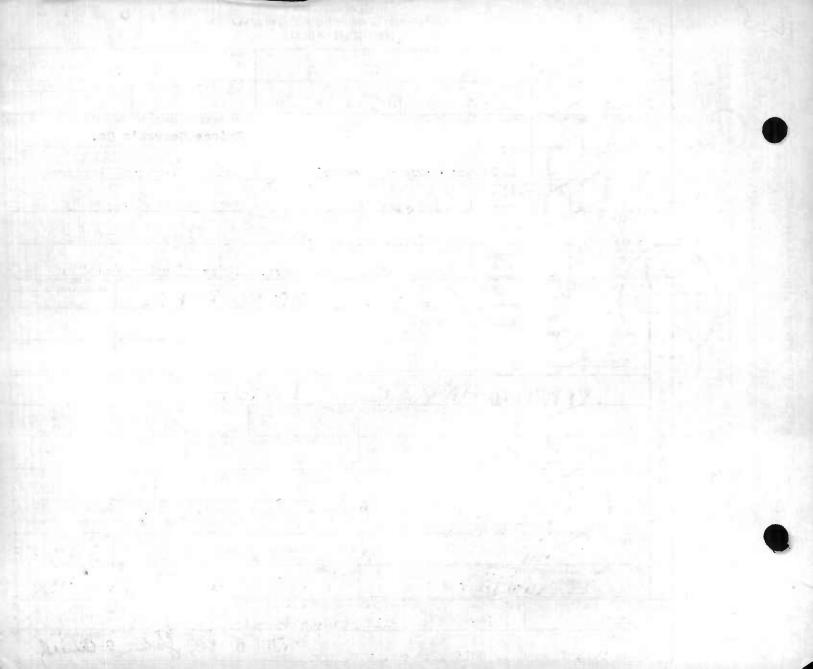
On 51 Yes .22, How By Bright The State of State TAMES OF THE STATE Faryland U.E. .. Prince George Md. Charles Nerburg X (85.04 Box48 ZIP: 20660 Thomas Reeder Gough Richard Dobson ND | Brandy Line Ked. Clinic Brandy Line, No. Buriol 6-15-83 Christ Ch.Com. Mayaide Charles Maryland Arehart Funeral Home, inc. is Plats, Md. Ull Till Park Parks

	FOR - STATE REGISTRAR	DEPARTMENT C	ATE OF MARYLAND IF HEALTH AND MENTAL HYGI TIFICATE OF DEATH	REG. NO	16841
The state of	DECEASED NAME FIRST YPE OR PRINT] W / //	iam B. G1	1.9564 TEOF BIRTH	20. DATE OF DEATH N	AONTH DAY YEAR 26 HOUR 6 11 83 3 2 6 6 NDAY) IF UNDER 14 HRS
AR	male		ONTH DAY YEAR	76	MONTHS DAYS HOURS MIN.
\$20 K	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Geo. Va	V5 A WIDO	RIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR Prince Geo	
WOUNTE	Orestville M		Lepak of Con Cent	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Repairman -	working Life) INDUSTRY Ret. Wash.Gas Ligh
130 M	aryland Prin	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMESTI UNITY 13t. CITY OR TOWN ICE George Ft. Wash.	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 1607 Thomas	20744 Road
	FATHER'S NAME FIRST William	B. Grigsby	15. MOTHER'S MAIDEN NAM	AE MIDDLE	Farmer
loa léa	(YES NO PLUNKNOWN) IF YES.		Ramona G. Bur	1607 The	omas Road shington, Md.
ry, or other troumotic		DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O (c) CONDITIONS CONTRIBUTING TO DEATH	F	NAL DISEASE OR COND	ITION GIVEN IN PART 1:0
8 shows any injur	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	On contraction of Contract	EATH HOUR A.M. MONTH DAY YE	21c HOW INJURY OCCURR 9	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
Item 21 is mo		10000	DEGREE		, 19 , that (1) (was lost to and hour and from the couses stated
ANI	22d. PHYSICIAN'S NAME (TYP		ATTENDING PHYSICIAN [MEDICAL STAFF	AN D AN D
WITH THE ST		nt Furst, M.D.	Ft. W	Indian Head	
230	Burial, CREMATION, REMOVA	6/15/83 Cedar	F CEMETERY OR CREMATORY Hill Cemetery	23d LOCATION CITY OR TOWN Suitland	Pr. Geo. Marylan
1 4/82	STORAL DIRECTOR ACT	ADD 6160 0 Oxon H	xon Hill Rd 250 PATE	REC'D. BY REGISTRARIA	REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

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Beall Funeral Home

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85	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	16844
	DECEASED NAME FIRST (TYPE OR PRINT)	WIOOFE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
by be oge 3 deoth	CLAREN	CE CLIFTON	HALL	JUNE	21. 1983 7:22A M
e 4 mo) ctar, po s after c	3. SEX Male	4 RACE White	July 31, 1912 YEAR	6. AGE (IN YEARS LAST BIRT	
1 (M)	70 BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		R COUNTY OF DEATH
100	Laurel	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION IT ADDRESS) BEXI.TSVII.I.E. HOSPT	12a. USUAL OCCUPATION	
filled in could be	USUAL RESIDENCE (IF NURSIFIED TO A STATE	or other institution, give residence before and started starte	RE AOMISSION)		e-Guilford Road
mpletely ond 2 sh) FATHER'S NAME FIRSCLINTON	MIDOLE Hall LAST	15. MOTHER'S MAIDEN N	AME	Waskey
MORE,	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR OATES) 705 07		ADDRE	
N ST., BALTI certificate b. ing physicior repovol. iic event, the			10 h MILLION ON ONT	alure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death c by the ottendin cose remove cark of, cremotian, or	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	ve nearl tailvie	Discose	v. 69
RDS, 20 requires a signed Then plot infury, o		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	
VITAL RECORD: N: The low requ nysicion. cote hos been si onsi permit. The Hygiene prior to	190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
an: Tahysici ficote fronsi I Hyg 18 sh	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)

Guilford Road LAST askey ve APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 110 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? NO [YES 🗔 M 18 PART I OR PART 2) 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, 20 sow the deceased plive on Some the body after depth. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS

BP.

TO FUNERAL DIRECTOR: After this cert should be detached for use os the buriol with the State Dept. of Health and Mento

O HOSPITAL OR ATTENDING

morked or the

H Hem

MPORTANT:

DHMH - 16 50M 4/B2 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE June 24,1983 Burial 24 FUNERAL DIRECTOR NAMEDonaldson Funeral Home of Maurel, Md

23c. NAME OF CEMETERY OR CREMATORY Savage Cemetery

23d LOCATION CITY OR TOWN

COUNTY Savage, Maryland

STATE

250 DATE REC'D. BY REGISTRAR STOREGISTRAR'S SIGNATURE JUN 2 8 1983

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Hines/Rinaldi Funeral Home Silver Spring, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

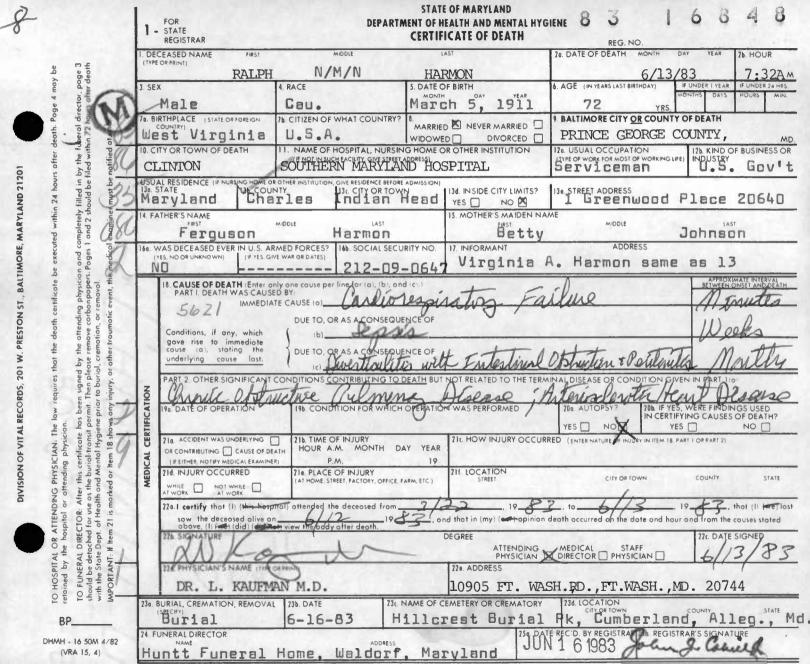
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4	18	1.	FOR STATE REGISTRAR			DEP			ALTH AND MENT.		NE 8 3	NO.	6 8	4/
	e e		CEASED NAME	FIRST		WIDDLE		LAS		2	a. DATE OF DEATH		DAY YEAR	2b. HOUR
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	pe 4 mo	3. SE	x emale		4. RACE Whit	e		July	9, T922 **		AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
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MARYL	ompletely ond 2 st	14. F.	Leon Leon		MIDDLE D	alkiew	iez		S. MOTHER'S MAIL		MIDDLE		ursky LAS	T
BALTIMORE,	n and co	160	WAS DECEASED EVEL YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b. SOCIAL 187 1:			Andrew I	Hanyol	K (Husban	d) Sa	me as #	13
201 W. PRESTON ST., BAL	nat the death certificate by the attending physicis se remove carbonoper , cremation, or removal. ather traumatic event, thi		18. CAUSE OF DEA PART I. DEATH V Canditions, if any gave rise to irr cause (a), stat underlying caus	y, which mediate ing the	DUE TO, C	OR AS A CON	SEQUENCE INOM	CE OF A OF	ASTATIC OVARIES	ADENO	CARCINOMA		BET WEEN	MATE INTERVAL DISET AND DEATH
RDS, 201	equires the signed Then ples to burial injury, or	NOI	PART 2 OTHER SIG											
IL RECO	on. has been prior ows ony	CERTIFICATION	19a DATE OF OPERA	MOITA	196 CONE	OITION FOR W	VHICH OF	PERATION	WAS PERFORMED		YES X NO	IN CERTI	S, WERE FINDING CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS,	PHYSICIAN: T ending physici this certificate to burial-transi and Mental Hygi d or Item 18 sh		210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	TH HOUR A	DF INJURY M. MONTI	H DAY	YEAR 19		OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	FALL
IVISION	or offer this of the builth and Marked or	MEDICAL	21d. INJURY OCCUP	HILE -		OF INJURY FREET, FACTORY, C	OFFICE, FARA	M, ETC)	211 LOCATION STREET	0.2	CITY OR	TOWN	COUNTY	STATE
	R ATTENDIT hospital or RECTOR: A hed for use of ept. of Healt tem 21 is mo		22a.1 certify that (saw the decea above, (1) (we)	sed olive on	form	LYA	fram 19			opinian de	oth occurred on the	date and has	or and from the	
	the D		SIGNATURE	ev,	an			D		IDING ICIAN	MEDICAL S'	TAFF SICIAN []	22CDATE	24 /3
	TO HOSPITAL etained by th TO FUNERAL should be det with the State IMPORTANT:		TILL	BERGE	EMANN ,	M.D.					PROF. BLD	G.,GREI	ENBELT,	M.D.
	BP	230.	BURIAL, CREMATION	I, REMOVAL	23h DATE 6/28/8	83			metery or crem. ection Ce	em.	Clinto		J. COUNMary	
DH	HMH - 16 50M 4/82 (VRA 15, 4)		rancis Gas Nyattsvill			neral ,	lome,	, P.A	•		2 9 1983	John	TRAR'S SIGNAT	well

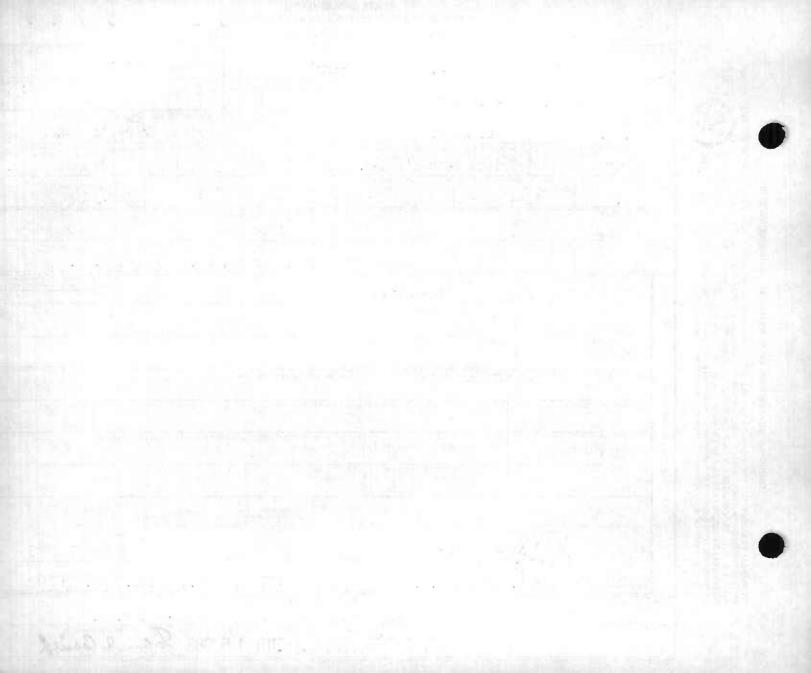
STATE OF MARYLAND

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8-	3. SE)	4	RACE	5. DATE OF BIRTH	6. AGE (IN YE			INDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	H DAY	YEAR 4	1:120
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An	7a. BI	RTHPLACE (STAT	EOR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARR	ED NEVER	MARRIED T	9. BALTIMORE	CITY OR COU	NTY OF DE	ATH	
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2.1	10. C1	TY OR TOWN O	DEATH	11. NAME OF HOSP	ITAL, NURSING HOM	E, OR OTH	ER INSTITUTION		JAL OCCUPATION		K 12b. KINE	OF BUSIN	
17	Ch	everly		Prince G	eorge's Ge	en. Ho	ospital		lectric			nstru	
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-	14. FA	ATHER'S NAME			<u> </u>		15. MOTHER'S	MAIDEN NAME					
101		John		MIDDLE H •	Harris		Ne 1	lie	WIDDLE		Bose		
		VAS DECEASED		MED FORCES?	16b. SOCIAL SECURIT	Y NO.	17 INFORMAN		AD	DRESS			
	(4)	es, no, or unknow	N) (IF YES, GIVE	WAR OR DATES)	248-16-6	877	Ј. н.	Harris	Jr., W	eldon.	N. C.		
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OR R			to immediate		S A CONSEQUENCE	OF							- 14
ž		lying couse	lost.										
ATIO		PART 2 DINER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH RE	IT NOT RELATED TO THE TERM	ATNAL DISEAS	E OF CONDITION CIVE	N IN DART 1 (a)					
EW	Z			CONTROL TO SEATH	TO THE PERSON OF THE PERSON	HINAL DISEAS	C OK CONDITION DIVE	IN IN PART 1 IN					
RIAL, CREMATION, OR REM	E	19a DATE OF C	PERATION	19h CONDITI	ON FOR WHICH OPER	RATION W	AS PERFORMED)?			120 AU	TOPSY?	
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0	ERT	21a EXTERNAL	CAUSE WAS	21b. TIME OF	NJURY	T21c. He	OW INJURY OCC	CURRED LENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR		3 ()	40 []
3	ALC	UNDERLYING	OR CAUSE OF		MONTH DAY YEA	R							
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	ME	WHILE AT WORK	NOT WHILE	STREET, FACTO	RY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
								[V]			1000		
, and a		22a I certify	that I took charg	ge of the remains desc	ribed obove, held on	Autop	sy , Ins	pection X.	Inquiry	ond in my	opinion		
2		deoth resulted	from: Notu	rol couses XX	Accident , Su	vicide	, Homicide	Undet	ermined monner	,			
MAR		ACTUAL	han	1 /00	1-		TITLE (SPECI			DAT	F 7	/6/83	2
Ü,		SIGNATURE_	AVV	VXX		M	.D. Assist	dit MED	ICAL EXAMINER	SIGI	NED	/0/83)
BALTIMORE, MARYLAND, 21201 PRIORTO		EXAMINER'S N	AME/ No.	M Diver	M D			III Don	c+ P	alto	Md 2	1201	
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題 遊 V	Wa	shing	ton.D.C	USA	4	WIDO	OWED DIV	ORCED	Prince	George	's Count	V MD
DATE:	10. CT	TY OR TOWN	OF DEATH	II NAME OF HO	OSPITAL, NURSIN	G HOME, OR O	THER INSTITUTION	12a. USU			12b KIND OF	BUSINESS
12/	Che	verly	1	Prince	George	s Genera	al Hospita] GFOR	MOST OF WORKING LIFE) T.7		PIKY
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W 3	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S M.	AIDEN NAME	WIDDLE		LAST	
4 Z Z Z	Bo	bvd			Har	ris	Ruth		Y.		Booker	
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REE E		TYPE OR PRI	vr) De	nnis F.	Smyth, M	1. D.	ADDRESS	l Penn	St., Bal	to., N	ld. 2120	1
A PA A A	250.81	JRIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c NAM	E OF CEMETERY	OR CREMATORY	23d. LC	CATION	60	UNITY	STATE
-	C	emati	on J	une 23.	1983 L	ee's C	rematori	um Wa	shingto	n. D.	C	
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FOR - STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR

06-04-83 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR 36 PRINCE GEORGES COUNTY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Retired INDUSTRY None 13. STREET ADDRESS 1510 Brightseat Road, MD MIDDLE 17 INFORMANI 510 Brights Part Road, Chevely ND Raymond Harris Husband, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN GERTIFYING CAUSES OF DEATH? NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE (my (aur) opinion deoth accurred an the date and hour and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 831 UNIVERSITY BLVD. SILVER SPRING, MD. 23d. LOCATION Burial Harmony Cemetery Landover Maryland 24 FUNERAL DIRECTOR Dudley, S Fun Home Inc 1425 Waryland Ave NE Wash DC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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:	28.31.0		18 CAUSE OF DI	WAS CAUSED	BY:	for (o), (b), ond (c).)					BE	APPROXIMATI TWEEN ONSE	T AND DE ATH
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		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN X MONTH MONTH	DAY YEAR 2b. HOUR
W.J.W.		JAMES ANTHONY HEBRON OF ESTI- DEATH MATED 6	30
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	FC	MARRIED NEVER MARRIED Prince George's	County MD.
ALC: NO. S.	ID C	ITY OR TOWN OF DEATH 12 ACT II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
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2 CON 1 CON		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136, CITY OR TOWN 134 INSIDE (1TY LIMITS? 136, STREET ADDRESS	0272
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		18 CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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REST LENO HYCEMO		Canditions, if any, which	
WIT		gave rise to immediate (b)	
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E EXAMINER: 'SAMINER: 'DUD BE FORU BE FORU BE FORU BE WARTHES' WARTHES'		220 Lecrtify that I took charge of the remains described obove, held on Autapsy X, Inspection . Inquiry , and in my opi	inion
AMMI STIFF BE TITH TITH		death resulted from: Natural causes K Accident	
I EXA OULD OULD M. DIR.		ACTUAL TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED	6-16-83
SEATE SET		M.D. ASSISTANT MEDICAL EXAMINER SIGNED)
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH WITH BATTIMORE, MARYL		EXAMINER'S NA Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md	.21201
5 A S S S S S S S S S S S S S S S S S S	23a.B	SURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUN	TY STATE /
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DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

YEAR 2b. HOUR

REG NO

7,1983

7:00A .

Prince George's

126 KIND OF BUSINESS OR

Olson

Address Same as

APPROXIMATE INTERVAL 44125

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22c. DATE SIGNED

June 7, 1983

COUNTY

STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

- STATE

REGISTRAR

Gasch's Sons F.H. P.A. Hyattsville, Maryland

Maryland

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(VRA 15, 4)

STATE OF MARYLAND

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9 0		Georg		lward		L Sr.		June 28		· ·	4:00p
90 /	3. SE	KALE	BLACK		5. DATE OF		1912	6. AGE (IN YEARS	LAST BIRTHDAY) YRS.	MONTHS DATS	HOURS
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(VRA 15, 4)

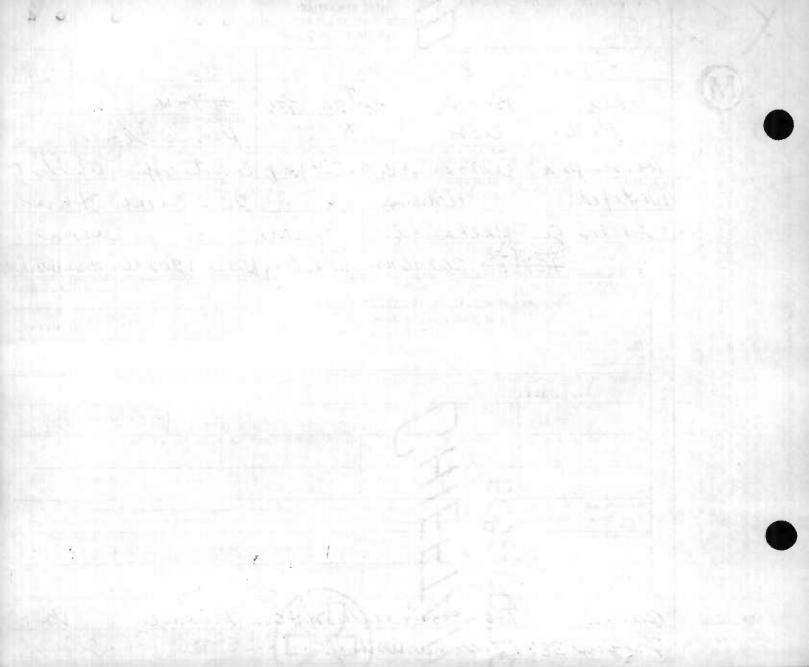
STATE OF MARYLAND

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7ª			REGISTRAR		E III			REG. N		
			EASED NAME FIRST	MID	DLE	· ·	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
page 3		,,	THOM	AS N		HO	DOGES		06-08-83	7:34AM
	0	3. SEX		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYEA	AR IF UNDER 24 HRS
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2 5 500	A SHIP		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WE	HAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
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er d	elv		Y OR TOWN OF DEATH		SPITAL, NURSIN		ROTHER INSTITUTION	120. USUAL OCCUPATI	ON 12b. KIND F WORKING LIFE) INDUSTR	OF BUSINESS OR
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ond	hedical		ES, NO OR UNKNOWN) (IF YES,		130-44-	_	Common II.	A		
rs. P	he m		No				George Ho	ages	Rochester.	
nysic ope ovol	1,4		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per lin	e for (a), (b), on	d ne	/ ,		DETWEE	OXIMATE INTERVAL
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by by	roth		underlying couse lost.	((c)	Auach	401-	esac		Con	nonekl
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t pe	5m /	E						YES NO	YES	NO 🗆
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OR.	.8		sow the deceased alive abave, (I) (we) (did) (did	1-1-		83	nd that in (my) (our) opinion	death occurred on the d	ate and hour and from the	
ECT Bd fo	E 2	-51	obove, (I) (we) (did) (did. 27b. SIGNATURE	not) view the body of	ter death.		DEGREE			TE SIGNED
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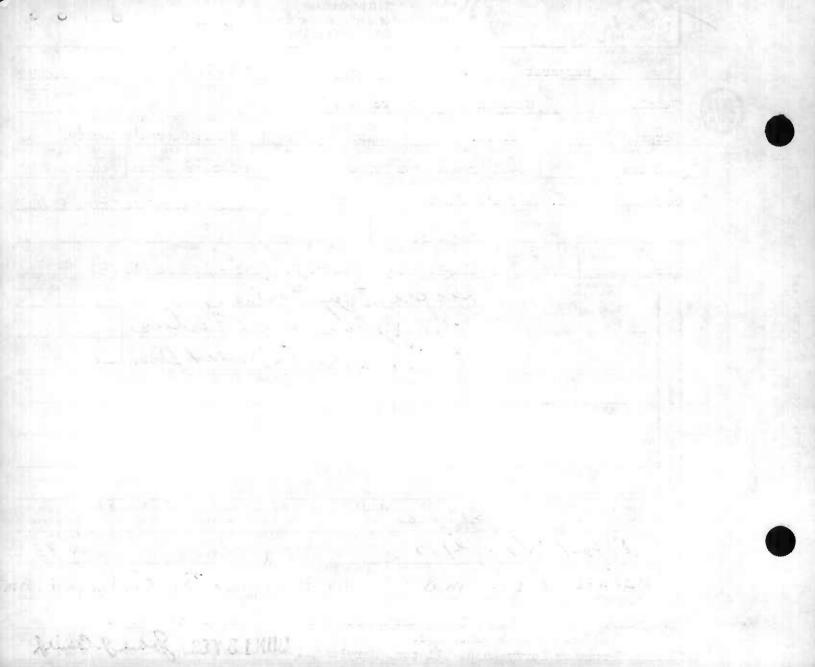
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56	1.	90,10a,fllmG504 10/14/03 FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		6862
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3 2		CHARLES L.	HOLLANI)	JUNE 2	9. 83 /35%
ge 4 a	3. SE	nole Blog	5. DATE OF BIRTH MODITH 2G-1936	6. AGE (IN YEARS LAST BIRTHDAY) 46 YR	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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nat the death certificate by the attending physicise remove carbon paper, cremotian, or removal.		Conditions, if any, which gave rise to immediate	ACONSEQUENCE OF A CONSEQUENCE OF	(IDOKI)	BETWEEN ONSET AND DEATH 3 6 Mys.
quires the signed is signed in place to buriol nilury, ar	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTR	<u>IBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
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the		22b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6 (29 83
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DHMH - 16 50M 4/B2	24 F	VERAL DIRECTOR NAME VILLE 389 R.J. 44	ADDRESS, Wash, D.C. 250 D.	TUL 5 BY REGISTRAR 256 RPC	STRAR'S SIGNATURE



3 Old Alexander Ferry Road, Clinton, Maryland

STATE OF MARYLAND



Bowie, Maryland

20715

(VRA 15, 4)

Beall Funeral Home

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166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 189-12-6584 Virginia A. Imhoff Temple Hills.	Dr.#B-1
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PHYSICIAN DIRECTOR PHYSICIAN DIR	
C. Bhatia, MD. 6188 Oxon Hill Rd., Oxon Hill, Md.	
(SPECEY) CITY OR TOWN COUNTY	irginia
DHMH-16 50M 4/82 24 FUNERAL DIRECTOR AND THE PROJECT OF THE PROJ	USE

STATE OF MARYLAND

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5	FOR STATE REGISTRAR			
	1. DECEASED NAME	FIRST		MIDDLE
1 P	(TYPE OR PRINT)	Sara		E.
B10x -6 0	3 SEX		4 RACE	
	Female		White	•
W B	70. BIRTHPLACE (STA		76. CITIZEN O	WHAT C
24 6	10 CITY OR TOWN OF	FDEATH		F HOSPITA
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ecuted within 24 hou d completely filled in es 1 and 2 should be icol ecommon must be	John 14 FATHER'S NAME		WIDDLE	Holt
dicol	160 WAS DECEASED I			? 16b. SO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

	CEASED NAME	FIRST		MIDDLE	l l	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
TYPE	OR PRINT)	Sara	E	•	Imm	el	June 29	1983		10:10 M
3 SE	х		4 RACE		S. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	
	Female		White	We see	_	h 23, 1905	78	YRS.	MONTHS DAYS	HOURS MIN,
	IRTHPLACE (STATE			WHAT COUNTRY?	MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY			
	ennsylva		U.S.		WIDOWE	DIM DIVORCED	Prince G		s Coun	ty MD.
	everly	DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	eral Hospita	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Housew			Home
13a S	aryland	113h COL		13c CITY OR TOW Bladens	'N	134 INSIDE CITY LIMITS?	13. 5999° E	rson S	treet	20710
14 FA	John		WIDDLE	Holt LAST		15. MOTHER'S MAIDEN NA.	ME	Trans	ederic	ST
	VAS DECEASED E		RMED FORCES?	16b. SOCIAL SECU		17 INFORMANT			-	Park Pl.
	No			579 18	3892	Nancy K. Curi	ry Los An	geles,	Calif	ornia
				line for (a), (b), on	d (c).)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEA	TH WAS CAUS	ED BY: TE CAUSE (0)	ARDID	Porc	MONARY F	PREST			
	174	IMMEDIA								
	///	/	DUE TO, O	R AS A CONSEQUE	ENCE OF	20 TIC HEA	OF THE	ASI		
	Canditions, if					20 110 1000	11-00-	O	1	
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NO	01.1	EUQA		FUSION	-		NSUFFIC			a
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FIC							YES NOTE		YING CAUSES	
E.	21a. ACCIDENT WA	C HAIDEDI VIAIC	21b. TIME O	E INTRIDV		11. HOW INDUSTRY OCCUP		YES		NO []
	OR CONTRIBUTING	CAUSE OF D	EATH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF IN.	IURY IN ITEM IB PA	AKT TOR PART 2)	
MEDICAL	21d. INJURY OC		21e. PLACE		.,	211 LOCATION		76.		
ME	WHILE N	OT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR 1	OWN	COUNTY	STATE
	22a.1 certify the	at HT (this hose	oital) attended th	e deceased from_		6/13 19 8 3	10 6 2	9	19.55	that (I) (we) last
	sow the de	ceased alive a	n Dt) view the body	ofter death		nd that in (my) (aur) apinion	death accurred on the	date and hour	and from the	couses stated
	226. SIGNATUR		A New Me body	oner deam.		DEGREE			22c DATE	SIGNED
	1	An	and M	- MEHT	A M	ATTENDING PHYSICIAN P	MEDICAL ST.	AFF ICIANI	June	30,1983
	224 PHYSICIAN	S NAME (TYPE			1 1	220 ADDRESS	_ DIRECTOR [] FHTS	CIAIT [
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	ообері	- 10 110	- Union a					re. TO	-nyat	Um . Mu .
	BURIAL, CREMATI	ION, REMOVA				EMETERY OR CREMATORY	234. LOCATION		COUNTY	STATE
	Burial		7/2/8	S C	edar F	Hill Cemetery	Suitlan	d P.G	· Mai	ryland

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital

TO FUNERAL DIRECTOR: After this centificate has been signed by the attending physician an about he detached for use as the burial-transit permit. Then please remove carban papers: Pac

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If them 21 is marked or them 18 shows any injury.

injury, ar other traumatic

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

Maryland 25a DATE REC'D. BY REGISTRAR 256

01:01 5801 - LE 200Ha Tem Y-2001 P. 101-10 A. S. H. . I Renay Lamps. vanios s'a mosi sonit. Little Litter & all most obligate VI'CV' OESTE Trend Congress 10 17 z mindirebniff nab unnig I triben To have all the state of the TO IN TOWN Comer . Curry for impoles, Children's PLANTE TOTAL STATE PARTY STATES Park Bridge Market Market And Recognition Jack, 15 Senus wosty at the satement, e.u. .bl. mairt wort or v. dgo. Mill-lynten. Md. American Tiller Will Control Will Control Smithand C.C. Markland P. Gascala Bons P. L. Land Brille, W.

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WARDED TO THE CH PAGE 3 SHOULD BE U TATE DEPARTMENT O 21201 PRIOR TO BUR		210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		MONTH DAY	YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2}
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HOULD BE FORWARDI LAL DIRECTOR: PAGE: NTH, WITH THE STATE RE, MARYLAND, 21201		SIGNATURE							
PACE 4 SHOULD BE FORWARDI TO FUNERAL DIRECTOR: PAGE 2 AFIER DEATH, WITH THE STATE BALLMORE, MARYLAND, 21201		EXAMINER'S NAM (TYPE OR PRINT)	Mar	garita A			ADDRESS1	11 Penn Street	t

West Best Description

PAGE CHUI JUN 1 LUMP 30 FE Wash., D.C. United States La Control Control Controling Maryland Frince George Sepitol Will x 1200 Leromannt Avenue

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PG MARYLAND

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PLACE E. POEL COLT Pennsylvenia Ave., S.E.

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43	21a. EXTERI	NAL CAUSE W		21b. TIME O HOUR A.A P.A	A. MONTH DAY	EAR	10W INJURY O	CCURRED I	ENTER NATURE	DF INJURY IN ITEM	18 PART 1 OR P		X NO 🗆
3	21d. INJURY WHILE AT WORK	OCCURRED NOT WHI AT WORK	LE 🗆		OF INJURY (AT HOM (TORY, FARM, ETC.)	E. 21f LC	OCATION STREET		СШАС	RTOWN	C	OUNTY	STATE
	ACTUAL SIGNATUR	s NAME	Natural cou	ies M	scribed abave, held of accident ,	Suicide _	TITLE (SPE	stant	Undetermine MEDICALE enn St	XAMINER	Ond in my o	7-2-8	33
	(TYPE OR P BURIAL, CREA (SPECIFY) Bur	ial	Jul	y 5,	23t. NAME OF	CEMETERY	or cremator	RY 2	In LOCATION Sout	mont.	Penr		STATE
24					ral Home own, Penna	. 159	02	UL 6	1983	TO SE	SHARE	SIGNATOR N	

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Rd., Suitland, Md.

(VRA 15, 4)

Funeral Home

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A00000	3.5EX		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEAR	s IF UN		UNDER 24 H	RS. 2c. DATE		МОМТН	DAY	-	d. HQUR
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10 A A A A A A A A A A A A A A A A A A A	130. S		13b. COV	OR OTHER INSTITUTION, G		OR TOWN	N)	13d. INSIDE CITY		STREET ADDRE			20	74	
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BALTIMORE, MD. 21201 GIVE PAGES I, 2, AND STITH FORM PM 3: RETA PPAGES I PM 2: SHOLLIL IVISION OF WITH RECO	1	James			ott			Ma	attie	Lou		Ho11	Loway		4.1
NO MAN TO THE	16a V		EVER IN U.S. AR			CIAL SECURITY	NO.	17. INFORMA	NT		ADDRESS				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 2 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM IS RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMIT TE DEPARTMENT OF HEALTH AND MENTAL HYGENE D SOI PRICE TO BURIAL, CREMATION, OR REMOVAL	CE		L CAUSE WAS	21b. TIME C		DAY YEAR	21c. H	O YAULMI WC	CCURRED (E	NTER NATURE OF IN	JURY IN ITEM 18	PART I OR PA	RT 2)		
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DIVISION OF VITA R. THIS CERTIFICATE SHOW THE WORK REWARDED TO THE CH R. PAGE 3 SHOULD BE U E STATE DEPARTMENT O D, 21201 PRIOR TO BURE				1.1	4 4 4				Inspection X		X	al in an		-815	
NA SA SE				ge of the remains de			Autop					nd in my op	oinion		
ME WE WE		death resulte	ed from: Nati	ural causes 🚨.	Accident	L, Suid	ide L	, Homicid		ndetermined m	onner [],				
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¥ E E Z E W	7	SIGNATURE.	(and	ano /	ren	guy		D. Dep	uLy	MEDICAL EXAM	AINER	SIGNE	0/2	7/1.	
NE SE		EXAMINER'S	NAME //	/		/ //		-	000 D				17299		
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE STAND, 2 BALTIMORE, MARYLAND, 2		TYPE OR PRI	Aug	gusto P. R		To the same of the				yburn C	t., T	етрте	HIII	S, 1	id.
57.4.8	23a.B	URIAL, CREMA	TION, REMOVAL	23b DATE		NAME OF CEN				d. LOCATION CITY OR TOWN		cou	NTY	STAT	E
BP		Buria		6-29-83		Harmony	Mem	orial I	Park	Land	RYS REG	Md.			
DHMH - 17	24 F	UNERAL DIREC	TOR	ADDRES	s			25			AR CONTREG	ISTRAR'S S	GNATURE	-	
(VR A15 ME (5))			. Rhines	Co.,301		St N	E D	C 200	JUL 6	1983	fola	noh	Cahre	19.	
20M 4/B2	-			1.2.2.4.				ZCH.							

Prince George in Co. CALL PROPERTY.

		REGISTRAR					ICATE OF DEATH		EG. NO.		
		CEASED NAME E OR PRINT)	Lucy	F	Edwina		ohnson		1, 1983	DAY YEAR	26 HOUR 2 PM
	3. SE	Female		4. RACE White		S. DATE (1 20° 18°97	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
45	7a. B	irthplace (state of	R FOREIGN	16. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWI	D NEVER MARRIED		e George		nty
M		attsville			HOSPITAL, NURS JICH FACILITY, GIVE STREE Kennedy	ING HOME	OR OTHER INSTITUTION		UPATION MOST OF WORKING LI SISTANT	FE) INDUSTRY	of Md.
25	130.	AL RESIDENCE (IF NUI STATE LTYLAND	13b COUN	OTHER INSTITUTION	I3c CITY OR TO	WN	134. INSIDE CITY LIMITS?	3715 K	RESS Zip (Code - Street	20782
1001	1	ATHER'S NAME FIRST		MIDDLE	Matting.	ly	15. MOTHER'S MAIDEN NA	Jos	ephine	Gu	
medical		WAS DECEASED EVE		MED FORCES? E WAR OR DATES)	577-26-		17. INFORMANT Lillian A. I		ane as #		ughter)
ent, the		18. CAUSE OF DEA PART I. DEATH V	WAS CAUSE	ly one couse pe D BY: E CAUSE (b)	er line for (o), (b), o	and icit	ellumon	ria		BETWEEN	MATE INTERVAL ONSET AND DEATH
очтайс	7	Conditions, if an		DUE TO, O	OR AS A CONSEQ	UENCE OF					
other to		gave rise to in cause (a), stat underlying caus	nmediate ing the	DUE TO, C	OR AS A CONSEQ	UENCE OF					
njury, or other troumatic	NO	gave rise to in cause (a), stat underlying caus	nmediate ling the se last.	DUE TO, C			NOT RELATED TO THE TERM	MINAL DISEASE OF	R CONDITION GIV	VEN IN PART 10	D.
aws ony injury, or other to	TIFICATION	gave rise to in cause (a), stat underlying caus	nmediate ing the se last.	DUE TO, (c)	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM SCUD N WAS PERFORMED	200 AUTOPSY	20b. IF YE	S, WERE FINDIN FYING CAUSES	NGS USED
8 shaws ony injury.	CAL CERTIFICATION	gove rise to in couse (O), stat underlying cous PART 2 OTHER SIG	nmediate ing the see lost. GNIFICANT CONTROL OF THE SERVICE OF TH	DUE TO, CONDITIONS CON	CONTRIBUTING TO	D DEATH BUT	SCUD	200 AUTOPSY	20b. IF YE IN CERTIF	S, WERE FINDIN FYING CAUSES ES	NGS USED OF DEATH?
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if Nem 21 is marked or Nem 18 shaws any injury.		PART 2 OTHER SIG	ATION NDERLYING CAUSE OF DEAD DICAL EXAMINER RRED ORY () (this hospit	DUE TO. (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	OF INJURY A.M. MONTH P.M. E OF INJURY TREET, FACTORY, OFFICE the deceased from y ofter death.	D DEATH BUT H OPERATIO DAY YEAR 19	216. HOW INJURY OCCUR 216. LOCATION STREET 217. LOCATION DEGREE ATTENDING	206 AUTOPSY YES NO RRED (ENTER NATURE	20b. IF YE IN CERT! YI OF INJURY IN ITEM 18 TY OR TOWN	S, WERE FINDINFYING CAUSES ES PART I OR PART 2) COUNTY 19 22c. DATE	NGS USED OF DEATH? NO STATE that (1) we lost couses stated
Hem 21 is marked or Nem 18 shows any injury.		gove rise to in couse (o), stat underlying couse PART 2 OTHER SIG	ATION NOERLYING CAUSE OF DEADICAL EXAMINER RRED WHILE ORK I) (this hospital did no	DUE TO. (c)	OF INJURY A.M. MONTH P.M. E OF INJURY TREET, FACTORY, OFFICE The deceosed from (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	DO DEATH BUT H OPERATION DAY YEAR 19	216. HOW INJURY OCCUR 216. LOCATION STREET 217. LOCATION DEGREE ATTENDING	200 AUTOPSY YES NO RRED (ENTER NATURE CH death accurred or MEDICAL DIRECTOR I	20b. IF YE IN CERTI YI OF INJURY IN ITEM 18 TY OR TOWN The dote and have STAFF PHYSICIAN	S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 27. DATE June	NGS USED OF DEATH? NO STATE that (I) couses stated SIGNED 2, 1983

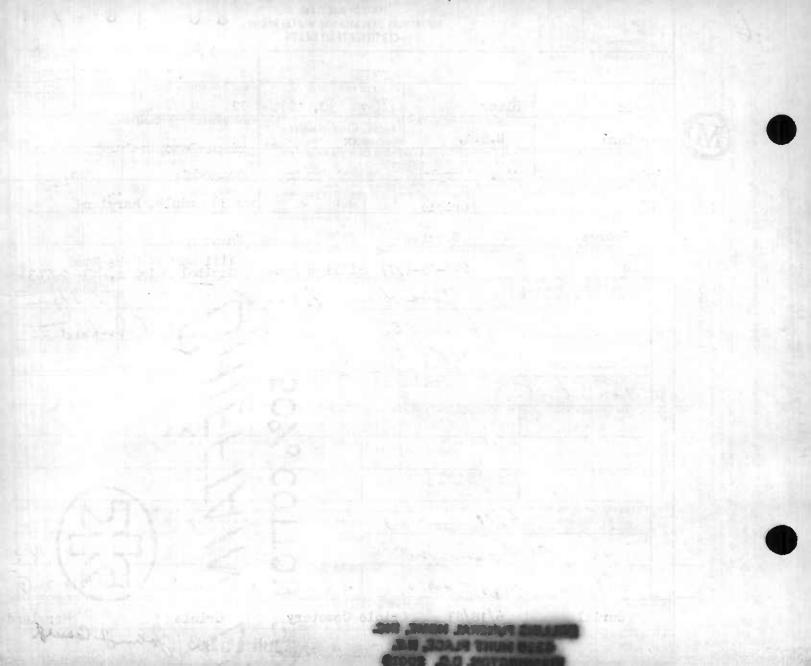
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Aurisi (14/87 t. Joseph's Counterv Morganic Cobsl prot. 13. 14.000) s Jons F. H. H. Witsville, M.

	1.	FOR = STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	163	7 4
e 4		CEASED NAME FIRST E OR PRINT)	MIDDLE	LAST	26. DATE OF DEATH MON		2b. HOUR
page 3 r death		DOLA		JONES	06	12 83 7	25PM
fer o	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HI
0	- 2	emale	Black	May 30, 1891	92	YRS.	MICONS MI
M	15	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWEDEN DIVORCED	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
Comp.	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WO		F BUSINESS
	li	nton	buthern Maryland	Hospital Center	Housewife	Nor	ne
and be		AL RESIDENCE (IF NURSING) OMEO STATE MD	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW O'Lole	N 13d. INSIDE CITY LIMITS? YES \(\bar{\text{YES}} \) NO \(\bar{\text{NO}} \)	30x 36 Oriole	2/84 Maryland	18
2 st	14. F/	ATHER'S NAME	MIDDLE (AST	15. MOTHER'S MAIDEN NA		LAS	
ond Lox		George	Douglas		Unknown	· ·	
ages l		WAS DECEASED EVER IN U.S. AF			ADDRESS	3 O 1 - D	1
medico.		YES, HOOR UNKNOWN)	220-05-1	999 William Jones	Gapitol He	ed Oaks Roa	d 2071.1
hen please remove o ta buriol, crematian, ijury, or ather traum	NO	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO SEA A SOUTH OF TO E	DEATH BUT NOT RELATED TO THE TERA	Lears Pr.	ON GIVEN IN PART TO	
ows ony is	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		b. IF YES, WERE FINDING CAUSES YES T	
the burial-transit per and Mental Hygiene ced or Item, 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2 5 e v			pital) attended the deceased from_	, 19	, 10	, 19, (hat (I) (we)
RAL DIRECTOR detached for ote Dept. of H VI: If hem 21:		sow the deceased alive or obave, (1) (we) (did) (did no 22b. SIGNATURE	or) view the body ofter death.	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF	22c. DATE	
old be h the Si		22d. PHYSICIAN'S NAME ITYPE	MOSTHON	220. ADDRESS	EU som	nd 2	074
5 % ₹ ₹ —		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	L JJb. DATE, 23c. N	NAME OF CEMETERY OR CREMATORY Oriole Cemetery	23d. LOCATION Orione Oriole	COUNTY	Maryl
	24 E	UNERAL DIRECTOR	THE PURENCE DESIGNATION OF	25a. DA	TE REC'D. BY REGISTRAR 25	REGISTRAR'S CO	welf

(VRA 15, 4)

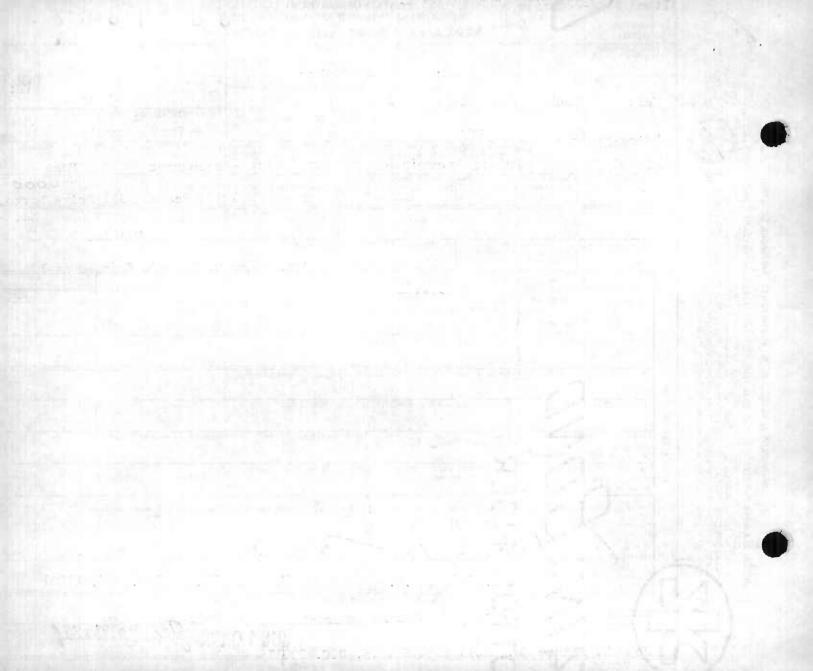


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11		1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE O O	0 0 / 0
X			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. ,			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
er deoth		(137)	HARLY	5.	JONES	JUNE 6	26 83 2:47Pm
		3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	35		MALE	Black	MAY 19, 1916	67 YRS.	
d	-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
ĺ	利用		MD.	11,5.A.	WIDOWED DIVORCED	PRINCE GEORGE'S	
iğ S	11	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINESS OR INDUSTRY
e nod	7 9-		NAUKEL		L BELTSVILLE HOSPI	TAL DRIVER	107 3
ust b	26	13a.	STATE 136/COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 138. INSIDE CITY LIMITS?	13e STREET ADDRESS	8 20100
	500	14.5	THER'S NAME	Geo. LAURE	YES NO 15. MOTHER'S MAIDEN NA	19086 MINISKE	y Dottom Ke
	in / E	11. 17	FIRST	MIDDLE LAST	FIRST A A	MIDDLE	TIA I C LAST
1	1300	140.1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	EWS
	medicol		res, notor unknown) (IF YES, Gr	E WAR OR DATES)	1001 / num /nu	nes (11/20) 51	ma of #1=
	the m		NO	213-12-	1996 NHATA JOI	res (wise) OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	event, t		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per line for (a), (b), and D BY:		NOMA LUNG	BETWEEN ONSET AND DEATH
	c eve		IMMEDIA'	TE CAUSE (a)	11003 CDP- CHIECH	NOTHINGOID	
	TOE.		1629	DUE TO, OR AS A CONSEQUE	NCE OF		
	tro		Conditions, if any, which gave rise to immediate	(6)			
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ı	, 0	13	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
	unlui	NO	RAPIATION	PHEUMONITIS			
	ou a	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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0 /	18 54	1 8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Hem	1	CAL	OR CONTRIBUTING CAUSE OF DE	AIN	19		Martin Land
20	5	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Borked	1	AT WORK NOT WHILE				
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	121			ot) view the bady after death.		death accurred an the date and had	
	H Her		22b. SIGNATURE	1.0.	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
	Z		y u	will	PHYSICIAN	DIRECTOR PHYSICIAN	0 20 0
	RTA		22d. PHYSICIAN'S NAME (TYPE		220. ADDRESS	DAME LEADE	7 ()
IMPORT.	- 1			5 MALHADO	561	HUNTE GEOUPPI	5/
-		23a	BURIAL, CREMATION, REMOVAL	1236. DATE 6-83 N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE A
-		24 5	UNERAL DIRECTOR O	10-0-05	T. 610/ Cem.	TE REC'D BY REGISTRATION DEGIS	TRACT SUNNETTIES
4	/82	1	DENTE OF CO.	My Den X+ Goods	WASH ST.	TE REC'D BY REGISTRAM MALCEGIS	T JIGITAT ORE
		100	11/01/10/11	THE WOLL	xvine, ///a-		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (TYPE OR PRINT) MICHAE Michae A. Jones Jones 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST METHOAY! LAST METHOAY! MONTH DAY YEAR REG. NO. 20 DATE KNOWN [X] MONTH DAY YEAR 22 DEATH MATED 6/2/83 19	
Michael A. Jones OF ESTI- GAZ/83 19	
	b HOUR
3. SEX 1. RACE 5. DATE OF BIRTH 6. AGE (IN YEAR) IF LINDER 1 YR LIE LINDER 24 HPC 12. DATE MONTH DAY YEAR 12.	M
MONITS DATS HOURS MIN PROPORTED	12:3
Male Black July 22,50 32 yrs. DEAD 6/2/83 19	Am
79 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH	
Chicago, III. USA WIDOWED DIVORCED Prince George's Count	
Cheverly Prince George's General Hospital Accountant None	AE22
USUAL RESIDENCE (IF IN NURSING HOMEOR OTHER INSTITUTION, OVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN Largo 13d. INSIDE (ITY LIMITS? YES TO 10173 Scotch Hill Drive, La	oo argo.
W. CATHERICA NAME	ld.
William Jones Lina Wilkins	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
No 322-44-6114 Mrs. Nancy O. Jones/wife/same as 13	}e
APPROXIMATE INT PART I DEATH WAS CAUSED BY: APPROXIMATE INT BETWEEN ONSET AN	TERVAL ND DEATH
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).	- 22
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WHILE NOT WHILE AT WORK COUNTY	STATE
22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinion	
death resulted from Maying Louses X. Accident Q. Single Q. Hamicide Q. Undetermined manner Q.	
TITLE (SPECIFY)	
Deputy Chief SIGNED 6/2/83	
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EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St., Balto., Md. 21201	
236. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE	
Burial 6-7-83 Lincoln Memorial Suitland Md	1117
24. FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D BY REGISTRAN S SONATURE ADDRESS	
John T. Rhines Co., 3015 12th St. N.E. D.C. 20017	



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Francis Gasch's Sons Funeral Home, P.A.

Hyattsville, Maryland

MIDDLE

FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

10:50AM

IF UNDER 24 HRS

20740

NO [

STATE

83

Own Home

Smith

COUNTY

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATU

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STATE OF MARYLAND

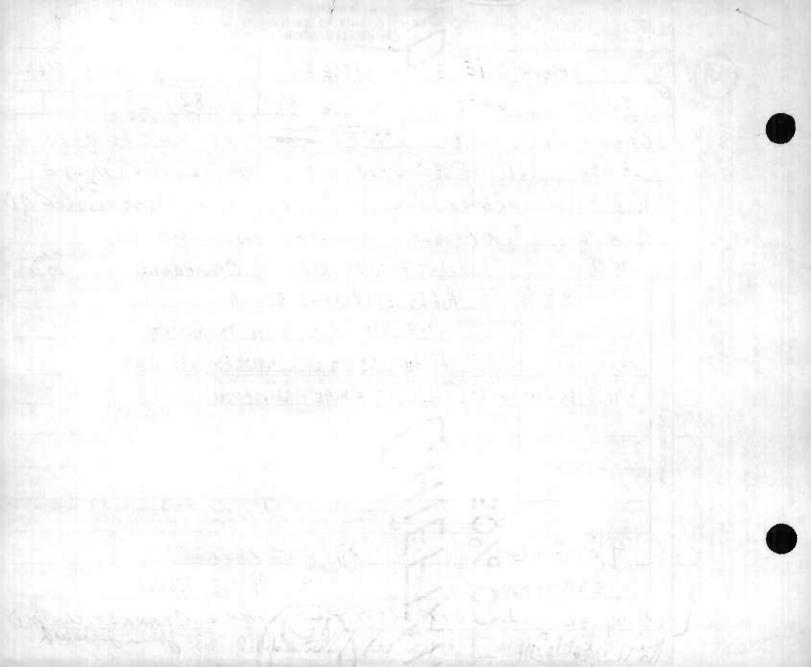
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STATE OF MARYLAND



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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22t. DATE SIGNED June 9. 1983 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE June 10. 1983 Ft. Lincoln Crematory Brentwood Cremation P.G. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Maryland

STATE OF MARYLAND

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Wash. College

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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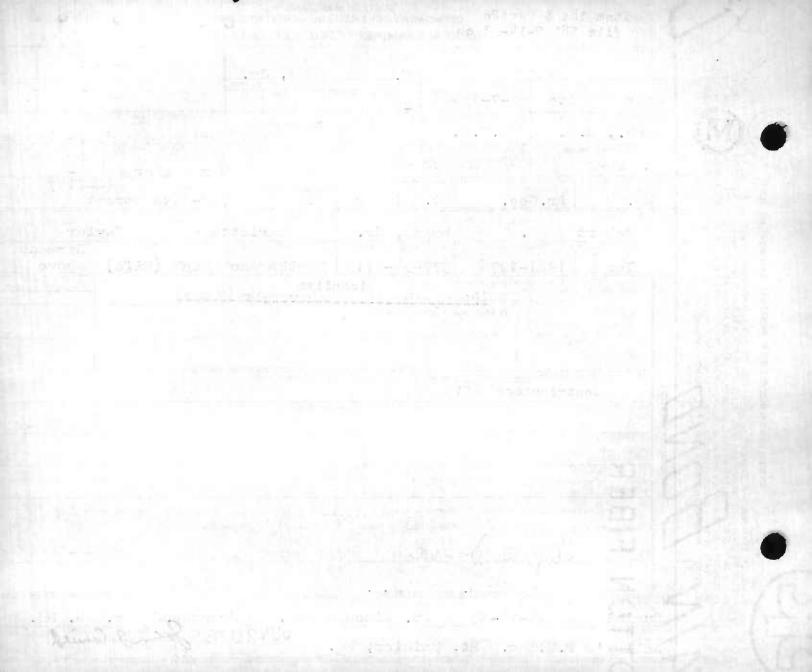
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours	by the use rem), cremo ather tr		gove rise to immo couse (0), stating underlying couse	ig the DUETO	OR AS A CONS	PECE OF					~148	7
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STATE OF MARYLAND	0
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New Jersey

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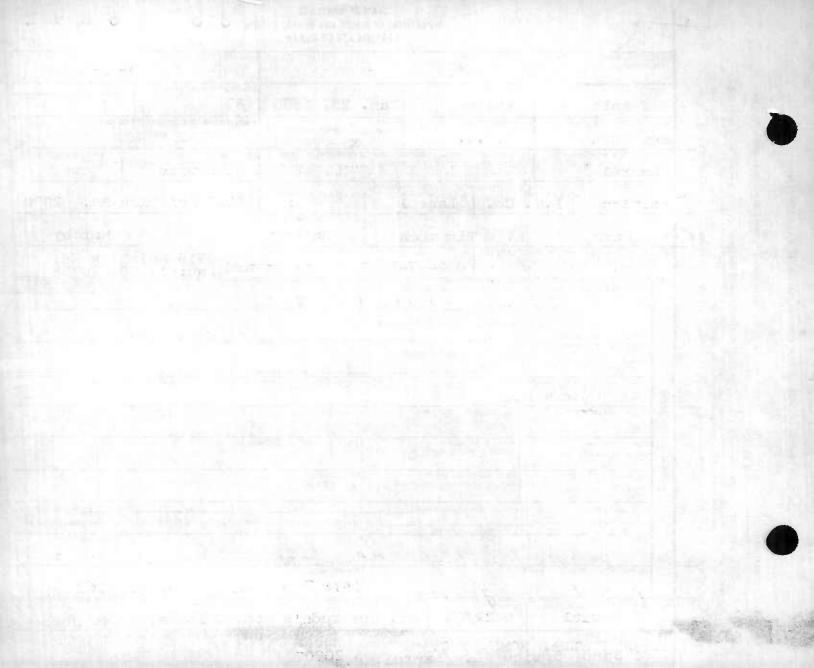
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	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORA	MANT		ADDRE	SS.				_
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CERTIFICATION	190. DATE OF OPERA	TION		TION FOR WI	HICH OPERATION	N WAS PERF	ORMED	20a AU	TOPSY?			RE FINDIN	IGS USED OF DEATH?	
RTI								YES 🗌	NO		YES 🗌		NO []	
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER	NATURE OF INJUR	RY IN ITEM 1	8 PART I C	OR PART 2)		
MEDICAL	216 INJURY OCCUR	RED HILE D	21e PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	21L LOCA			CITY OR TO	wN	c	OUNTY	STATE	
100	22a.f certify that (I)		I) ottended th	e deceased fr	om		. 19.	to-			. 19		that (I) (we)	lost
	sow the deceos	ed olive on_				d that in (m	y) (our) opinion	deoth occur	red on the do	te ond h				
	obove, (I) (we) (22b. SIGNATURE	did) (did not)	view the body	ofter death.		DEGREE						22t. DATE :	SIGNED	_
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DHMH - 16 50M 4/B2 (VRA 15, 4)

74 FUNERAL DIRECTOR
FLECK FUNERAL HOME, I
7601 Sandy Spring Rd.

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the pain offer death. Page 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the transition of the death with the State Dept. of Health and Marial Hygiene prior to burial, cremation, ar removal.
DIVISION OF VITAL RECORDS, 2	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicic should be detached for use os the burial-transit permit. Then please remave carbon paper with the State Dept. at Health and Merital Hygiene prior to burial, cremation, ar removal.

4		1-	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3	6 8 9 3
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Page 4 m director, p	-2	1	Female	White	8	OF BIRTH TH DAY 16 32	50 YRS.	MONTHS DAYS HOURS MIN.
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certificate ling physici rrbonpaper	iic event, in		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)			emons	hip	BETWEEN ONSET AND DEATH
ires that the death gned by the attendi n please remave ca burial, cremation, a	orner troums		Canditions, if ony, which gave rise to immediate couse (0), stating the	(b) DUETO, OR AS A CO	tasta i	ic Ca: Obstructi	ie lung Dis.	
equires that the in signed by the Then please rem r to burial, crems	ury, or or	z	underlying cause fast. PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	ING TO DEATH BL		MINAL DISEASE OR CONDITION GIV	/EN IN PART I (a
on. has bee t permit.	1	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATI	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEA	8	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
attendir	orked or	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Spitol or CTOR: A I for use	2 I S mg		22a.1 certify that (I) (this hospi saw the deceased alive on above, (Mewe) (did) (did no	6-10	10 83	and that in (my) (our) opinion	n death occurred on the date and have	:
by the hose ERAL DIREC	1 3 3 5 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The SIGNATURE C	manie	ely	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/u/83
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BP		В	SURIAL, CREMATION, REMOVAL SPECIFY) URTAL	23b. DATE 6-14-83	BEVE	CEMETERY OR CREMATORY RLY HILLS	MORGANTOWN,	MONONGAHELA, WV
DHMH - 16 50M 4/ (VRA 15, 4)	82		INERAL DIRECTOR LEE F	UNERAL HOME ER FERRY RD		N, MD 250. DA	TE REC.D. BY REGISTRAR 25baregis	RAR'S SONATURINE

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(VRA 15, 4)

STATE OF MARYLAND

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· 6		SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	н
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with with	10 (TITY OR TOWN OF DEATH		HOSPITAL, NURSII		OR OTHER INSTITUTION	12a USUAL OCCUPAT		ND OF BUSINESS OR
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2 sho		ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME		
exon o	5	Andrew	WIDDLE	McCorm:	lck	Elizabe	eth MIDDLE	Lo	urie
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rem remo		gave rise to immediate cause (0), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF			10.34	
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Then pl to burn injury, o	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN IN PAR	T 1to
A	CERTIFICATION	19g. DATE OF OPERATION	19b COND	a d	LODERATION	N WAS PERFORMED	20g AUTOPSY?	20b IF YES, WERE FI	NDINGS HEED
permit ne prio	3 5	176. DATE OF OPERATION	170 COND	THOM YOR WHICH	OFERATION	WAS FERFORMED		IN CERTIFYING CAL	JSES OF DEATH?
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Show To	220	BURIAL CREMATION DEMOVAL	123h DATE	Unev /	NAME OF C		23d LOCATION	23/6 (610	-0, ./-
	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/2/	83 \$	t. Ma	ry's Cem.	CITY OF TOWN	P.G.CO	Maryland
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5 60M 1/75 15 (4))	F	LECK FUNERAL	HOME,	INCORESS			JN. 30 1083	2,0	Cara
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MUN 30 F83 - J. L. C. S. Chairly

AZ CONTRACTOR OF THE SECOND

F. Gasch's Sons F.H. P.A. Hyatts. Md.

DHMH - 16 50M 4/82

(VRA 15, 4)

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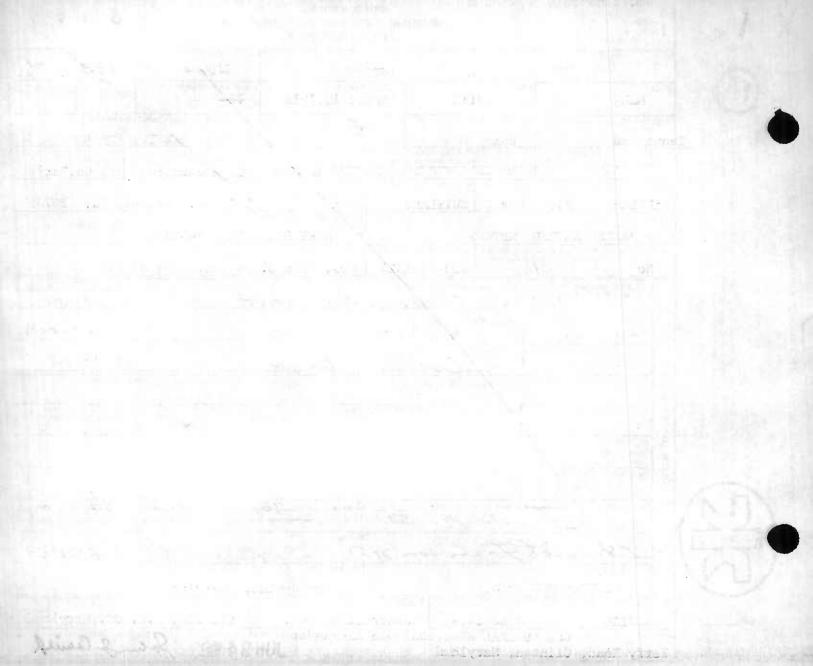
DHMH - 16 50M 1/81 (VRA 15, 4)

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I. DE	CEASED NAME FIRST		MIDDLE		LAST		20 DATE	OF DEATH		DAY Y	EAR	26 HOUR	_
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3. SE		4 RACE	502.02.10	5 DATE (IN YEARS LAST BIRTI		IF UNDER	YEAR	6:00	
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10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER IN	ISTITUTION	120 USU	AL OCCUPATIO	ON			BUSINESS	
Ri	verdale	6710 H	amilton S	t.				ORK FOR MOST OF	WORKING LIF	at	hom	e	
USU 13a. S	AL RESIDENCE (IF NURSING HOAD	OR OTHER INSTITUTION	13c. CITY OR TOV	RE ADMISSION)	1134 INSIDE	CITY LIMITS?	13e STREI	ET ADDRESS					
Ma		George	Riverdal		YES 📆	NO 🗌		O Hamil	ton f	St. 2	2073	37	
14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHE	R'S MAIDEN NA		MIDDLE					
	James	В.	Owens			Whittie	е	C.			Tho	mpsor	1
	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFOR	MANT	1 100	ADDRES	SS		100		
	no	one transmission	577-07-9	524	Geral	d McGove	ern s	ame as	item	13			
15	18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b), a	nd (c)						ae i	PPROXIM WEEN O	NATE INTERVA	ATH
	PART I. DEATH WAS CAL	IATE CAUSE (a)	Arteriosc	lerot	ic Hea	rt Disea	ase				711		
	4140		OR AS A CONSEQU		3 7 3 3					1		100	
	Conditions, if ony, which	((b)_											
	gave rise to immediate cause (a), stating the	DUETO	OR AS A CONSEQU	IENCE OF							17:11		
	underlying cause lost	(c)_											
	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISE	ASE OR COND	ITION GIV	EN IN PA	RT 110		
CERTIFICATION													
ICA.	198 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERI	ORMED	20a AL	ITOPSY?	20b. IF YES			GS USED	
RTIE							YES [NOX	YE	s 🗌		NO 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110	OF INJURY M. MONTH D	AY YEAR	21c. HOW	INJURY OCCURR	RED (ENTER	NATURE OF INJURY	IN ITEM 18 P	PART I OR PA	RT 2)	2 1 20	
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	saw the deceased alive obove, (I) (we) (did) (did	not view the body	ofter death.	, 01	nd that in (m	y) (our) opinion o	deoth occu	rred on the dat	e and hou	r ond from	n the co	ouses state	d
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	214 PHYSICHES S NAME ITY				22e ADDR								
	John Kehoe,	M.D.			6300	Riverda	le Rd	. River	dale	, Md.	,		
23o. E	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY O	RCREMATORY		CATION	1-11	F Out to		STATE	
	irial	5/23/	83 Se	cred	Heart	Cemetery		ushwood		St. N	lary	Md.	
24 FL	UNERAL DIRECTOR		ADDRESS			25a 7 A	VEG DE	REGISTRAR	SV REGIST				
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Franciscon's Sons Funeral Home, P.A.

Hyattsville, Maryland

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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IF UNDER I YEAR

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	1	STATE OF MARYLAND	000
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10	-	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		ECEASED NAME PE OR PRINT! B MIDDLE LAST 20. DATE KNOWN MON OF ESTI- DEATH MATED GENTLE	07
PLEASE ECTOR. FILES. HOURS			19 M
E CTE	3. SE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH, DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	H DAY YEAR 2d. HOUR
ON S		DEAD 19, 1930 53 YRS.	19 5.30
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8 2 2	10. C	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WOR	RK 126 KIND OF BUSINESS
DELAY N N P	10	you Hill 7101 Abbington Dr. Self employed	OR INDUSTRY
LIF ANY DELY 2, AND 3 TO 3. RETAIN P SHOULD BE SHOULD BE	USU	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	None
MD. 21201 ATH. IF ANY DE S. J. 2, AND 31 PM. 3. RETAIN ID 2. SHOULD BI OUT 2. SHOULD BI	13a S	STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 130. STREET ADDRESS ATVIAND P.G. 130. COUNTY YES 130. STREET ADDRESS YES 130. NO 120. Abbring ton	D= 20021
3. A. S. R.	14 E	ATHER'S NAME IS, MOTHER'S MAIDEN NAME	Dr. 20021
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₩ 00×40	140 \	WAS DECEASED EVER IN U.S. ARMED FORCES? / 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Miller
BALTIMORE, UURS AFTER PAGE B. GIVE PAGE WITH FORM T. PAGES 1 AN	(Y	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Be.
ALTIN SS AFT GIVE VITH F PAGES	T.C.	3 11119 19 21 30	
: × 8		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON VITHIN 24 CIL IN ITE OIL IN ITE NER ALON ANSIT PER AQVAL.		DUE TO, OR AS A CONSEQUENCE OF	
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TIAL RECORD SHOULD BE EX SHOULD BE EX ORD "PENDING CHIEF MEDIC CHIEF MEDIC TO PENTIN J. IAL, CREMATIG	N. A.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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OF VITA OF VITA E. WORD E. WORD THE CH THE CH THE D BE U AFINIT OIL BURIAL	CERTIFICATION	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OF	(PART 2)
ON ON THE TOTAL	18	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
(i)	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211, LOCATION	
DIN THIS C WARDI WARDI TATE D	1 2	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
ш ∝ ∨ ~	100		
EXAMINER CERTIFICATI ULD BE FOI DIRECTION THE WITH THE		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my	opinion
EXAMINER CERTIFICA DID BE FO DIRECTOR WITH THE ARYLAND,		death resulted from: Natural causes Accident , Suicide , Hamicide Undetermined manner ,	
CERA CERA DIRE WITH		ACTUAL ACTUAL DAY	TE / 21. 62
DICAL EXAMINE TE THE CERTIFICA A SHOULD BE FG NERAL DIRECTOR DEATH, WITH THE	1	SIGNATURE	
MEDICA CUTE TH SE 4 SH FUNERA FUNERA TIMORE.		EXAMINER'S NAME (3) ALL P B J B Janleysh MD 20	71-
- ALTERIOR	00. 5	(TYPE OR PRINT) 570 SE SON SE	110
	230.B	1 1 - 17 - 97	OUNTY STATE
BP	74.5	UNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR TO REGISTRAR	P.Co. Md.
DHMH - 17 (VR A15 ME (5))		NAME, ADDRESS A LL - A LANDO CACO 4	Carres
15M 7/77	Ke	obot G. Mason 1661 Good Hope Rd. 1 DUN 28 1983 Journal	- mary

A SECTION OF THE PARTY OF THE P

1	STATE OF MARYLAND	1 1 1 1
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EVANANCE/C CERTIFICATE OF DEATH	1070
1 6	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME FIRST MIDDLE LAST TO DATE VA	REG. NO.
	TYPE OR PRINT)	STI- 6 14 83
1 0	DEATH M DEATH M DEATH M DEATH M DEATH M DEATH M	MONTH DAY YEAR
. 3	P MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCE	/
2	BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 8 DEAD	19 -
/0	FOREIGN COUNTRY) MARRIED \(\subseteq \text{NEVER MARRIED } \subseteq \)	RECITY OR COUNTY OF DEATH
	ashington D.C. USA WIDOWED DIVORCED 110 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION	vel 4 long x
10	CITY OF OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION FOR MOST OF WORKIN	
LIC	5712 16th Avenue #203 Unknown	207 None
	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136. STREET ADDRESS	And And
	Md. Chillum YES X NO [57/2	16th the.
14.	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AST FIRST MIDDLE	LE LAST
	Ezeikiel Tignor WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 117. INFORMACT LOTTE	Williams
160	(YES_NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS
	No 578-66-6121 Mrs. Lillian Bland	Watson/daughter/
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMA BETWEEN ONS
ALONG PERMIT. CGIENE, IL.	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ausblandial salves	1 film
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a) stating the <u>under</u> - DUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.	
PAGE 3 SHOULD BE USED AS A BURIAL. STATE DEPARTMENT OF HEALTH AND MEI 21201 PRIOR TO BURIAL, CREMATION, OR R MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPS)
		YES 🗆
	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY	
	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY
	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	, and in my apinian
	death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined mann	ier,
	ACTUAL CONTROL OF TITLE (SPECIFY)	DATE 6 /6
1	SIGNATURE SAID A DASS M.D. Deput 7 MEDICAL EXAMIN	IER SIGNED
	EXAMINER'S NAME	
	(TYPE OR PRINT)ADDRESS	
230	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SECIETY)	COUNTY
	Burial 6-18-83 Lincoln Memorial Suit	and Md
24.	FUNERAL DIRECTOR John T. Rhines Co. 250 JUNE 2 3 1983	TO THE STEEL
1	3015 12th St., N.E. D.C. 20017	

JUNESERS J. C. S. CARRA

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG. NO DECEASED NAME a DATE KNOWN (TYPE OR PRINT) OF -owi ESTI-DEATH MATED 19 4. RACE 5. DATE OF BIRTH SEX 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED DEAD 7/1/28 CITIZENOF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Virginia USA DIVORCED PG County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR INDUSTRY Chauffer None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Seaplesent County NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FORM PM ES 1 AND ON OF MI William Montue Fannie Belle Bentley 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMS Eaplesent Mary land 166 SOCIAL SECURITY NO. Force Mary Alice Montue Wife, 7013 Hasting Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, 301 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES . NO [BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WOHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 death resulted from: Natural couses Homicide Undetermined manner 207/0 (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial Jun/27/83

14 FUNERAL DIRECTOR Washington, DC BP. **DHMH-17** Dudley, S Fun Home Inc, 1425 Maryland (VR A15 ME (5)) 15M7/77

STATE OF MARYLAND

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Rockville, Md. 20850

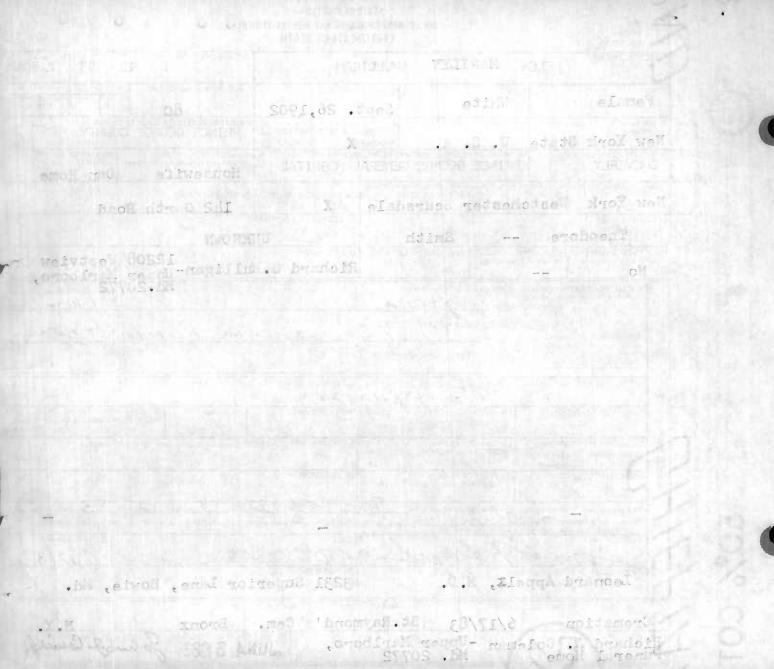
George R. Snowden

(VRA 15, 4)

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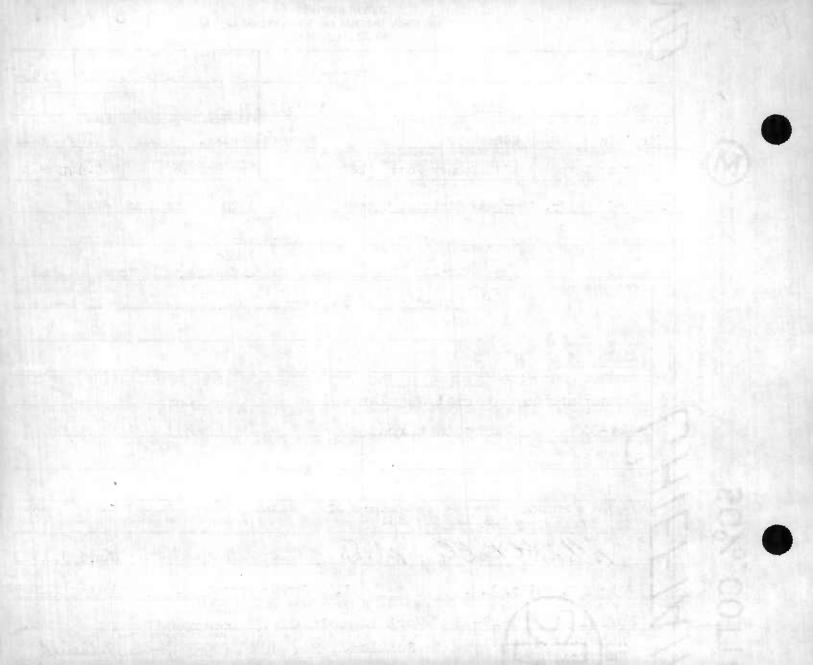
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(VRA 15, 4)

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5130 Wisc. Ave. N.W. Washington, E.C.

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

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MARYLAND 2120 ted within 24 hours ompletely filled in by ond 2 should be fill	435	13a M	AL RESIDENCE (IF NURS STATE aryland	13b. COUN	Geo	GIVE RESIDENCE 13c. CITY OF Capi	RTOWN	Hts YES		140	REET ADDRESS	St	reet		20743
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B NG PHYSKCIAN: The low requires that the death certifica ottending physician. After this certificate has been signed by the attending phys os the buriol-transit permit. Then please remove carbon pos th and Mental Hygiene priar to buriol, crematian, or remove	r other troumotic event,		PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	AS CAUSE IMMEDIAT , which mediate ng the	D BY: TE CAUSE (b) DUE TO, C	OR AS A CON	SEQUENCE RICUL	AL -17	Y ARM BRILLI TERY	EST ATTION DISER	LIE.				MATE INTERVAL INSET AND DEATH
ORDS, 20 requires en signecent. Then plicate out to burin	y injury, o	TION	PART 2. OTHER SIGN	CYTH	EM14	VAR	A								
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O HOSPITAL OR stained by the h O FUNERAL DIR hould be detached with the State Des	MPORTANT: # #		22d PHYSIO AN'S NA	AME (TYPE O	School Sch	inse	re ,	MP	ATTENDI PHYSICI	IAN DIRE	CTOR PHYSIC	CIAN			line \$3 6, Md

BP. DHMH - 16 50M 4/82

Burial 24 FUNERAL ROBert E. Wilhelm (VRA 15, 4) Funeral Home

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

6-27-83

236 DATE

Cemetery 250 DAJE REC ADDRESS Suitland, Md

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION Suitland

COUNTY

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STATE OF MARYLAND

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	CEASED NAME OR PRINT)	FIRST		MIDDLE		ASI	20. DATE OF		DAY YEAR	2b. HOUR	
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3. SE		1	RACE		S. DATE C		6 AGE (INYE	ARS LAST BIRTHDAY	MONTHS DA		
	Male		Whit	е	June	29, 1894 YEAR	88	YRS		rs HOURS	MIN.
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13a. S	AL RESIDENCE (IF NUR STATE aryland	136. COUNT	Υ	GIVE RESIDENCE BEFORE INCOME OR TOWN Carroll	/N	13d. INSIDE CITY LIMITS? YES NO 🗌		Preston	Street	20784	ŀ
14. F#	George	AA	DDLE N	orris		15. MOTHER'S MAIDEN NA	ME	WIDDIE		LAST OWN	
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BP.

should be detached for use as the with the State Dept. of Health an TO FUNERAL DIRECTOR:

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DHMH - 16 50M 4/82

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 6/18/83

27d. PHYSICIAN'S NAME (TYPE OR PRINT)
Frederick H. Wilhelm, M.D.

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

PAREE

22e

23d LOCATION
CITY OF TOWN
Suitland

opinion death occurred on the date and hour

MEDICAL STAFF

P.G.

Maryland

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ge 4 may ector, po rs other 6	3. SE	MALE	4 RACE WHITE	S. DATE OF BIRTH Sept. 10, 1926		NDER 1 YEAR IF UNDER 24 HR
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ly filled in should be	7		nother institution give residence before i Capbtol noe Geo. Heights	YES 🔼 NO 🗌	13451 Appless Avenue	20743
omplete ond 2	1	THER'S NAME William	A. Oakley		Mae Mode Jud	ld LAST
n and c		VAS DECEASED EVER IN U.S. A	rmed forces? 166 SOCIAL SEC VETT OR DATES) 579-22	Mildred Cull	ivan Same as #13	(Sister) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the deal en signed by the atter i. Then please remove c ar to burial, cremation, yinjury, or other traum	CATION			DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	
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A PER PORT	AZ	Clinton		Souther Souther	n Marylar		tal	G	rocer -	- Retir	ed	Groc	ery
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND ITH FORM PM. 3. REFAIL PAGES 1 AND 2 SHOULD INISION OF VITAL PECO.	17/	PHATE LA	Palm B	TY	POEITY OR TO		13d. INSIDE CIT	NO [STREET PO	resport la	Vay	90	7999
ORE, MD. 212 S DEATH. IF AN AGES 1, 2, ANI RM PM 3. REI 1 AND 2 SHOUL	ME	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	R'S MAIDEN	NAME	WIDDLE	1	LAST	
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CONTRACT AS	23a.l	DIDIAL CREAKAT	ION, REMOVAL 2	3b DATE	23c. NAME C	F CEMETERY C			23d. LOCATION	1	COUN	MTY	STATE
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DHMH - 17		NAME		ADDRESS	6160 0xc	n Hill	Rd.	JUN	1 5 1983		O WANTE	C	. 1
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_	REGISTRAR		EDICAL EXAMINER	'S CERTIFICATE	OF DEATH REG. N	10.	
1	DECEASED NAME	EIRST	WIDDLE	LAST	20 DATE KNOWN [OF ESTI-	MONTH DAY YEAR	26 HOUR
L		Donald	Wayne	Oliver	DEATH MATED	0/12/00/	M
P	SEX 4 RA	5. DATE OF BIRT		FUNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR	22:05
J		ITE Dec.27.	,1956 26 YRS.		DEAD	6/12/8319	PM
)I	BIRTHPLACE (STATE OR			ARRIED NEVER MAR	RIED 9. BALTIMORE CITY	OR COUNTY OF DEATH	
4	Maryla					orge's County	
77E	CITY OR TOWN OF DE		OSPITAL, NURSING HOME, OR FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TY FOR MOST OF WORKING LIEE)	PE OF WORK 12b. KIND OF BU OR INDUSTI	
	Cheverly		George's Gen H	losp	Auto Mechani	ic LaPlat	aTire
	JSUAL RESIDENCE (IF IN N 30 STATE	URSING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
4	Md.	Charles	La Plata	YES NO 5	St.Rt.#1 Box	x1225-A Zip	20646
F	1. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIL		LAST	
1	Lawrence	Edwin	Oliver	Cather		ia Welch	
2	(YES, NO, OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO		ADDRES	S	
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1		NT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL O	DISEASE OR CONDITION GIVEN IN P	ART 1 (a).		
4	190 DATE OF OPER	ATION!	DIFFERENCE CONTRACTOR				
	190 DATE OF OPER	ATION IN CON	DITION FOR WHICH OPERATIO	IN WAS PERFORMED?		20 AUTOPSY	
4	210 EXTERNAL CAU	SEWAS 1716 TIME	OF INDIPY	L HOW INTUING OCCUPA	ED (ENTER NATURE OF INJURY IN ITEM II	YES X	NO 🗌
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1	WHILE NOT	STREET, F.	ACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
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1	220. I certify that	I taak charge of the remains o	The state of the s	utopsy X, Inspecti	an , Inquiry , a	ınd in my apınıon	
1	death resulted for	n: Naturol causes ,	Accident X , Suicide	, Hamicide .	Undetermined manner		
	ACTUAL M	OWNE D	0/2.10	TITLE (SPECIFY)		DATE # 455	100
4	SIGNATURE_	may love	Jmile	M.DAssistai	nt MEDICAL EXAMINER	SIGNED 6/13/	83
1	EXAMINER'S NAME	Manganita	A Vanall M D	111	Donn C+ D-1+	- Md 21201	
7	(TYPE OR PRINT)		A. Korell, M.D.		Penn St., Balt	0., Ma. 21201	
2	3a. BURIAL, CREMATION,		23c. NAME OF CEMETE		23d. LOCATION CITY OR TOWN	COUNTY ST.	ATE
1	Buria.	6-16-83	3 St. Igna		Hilltop Chai	rles Maryla	nd
ľ	NAME	ADDR	ESS DI - L	11.11	REC'D. BY REGISTRAR PREG	2. CALLA	
L	Arenart F	uneral Home	La Plata, Ma	ryland "	1 1300	- Comment	

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Hyattsville, Maryland

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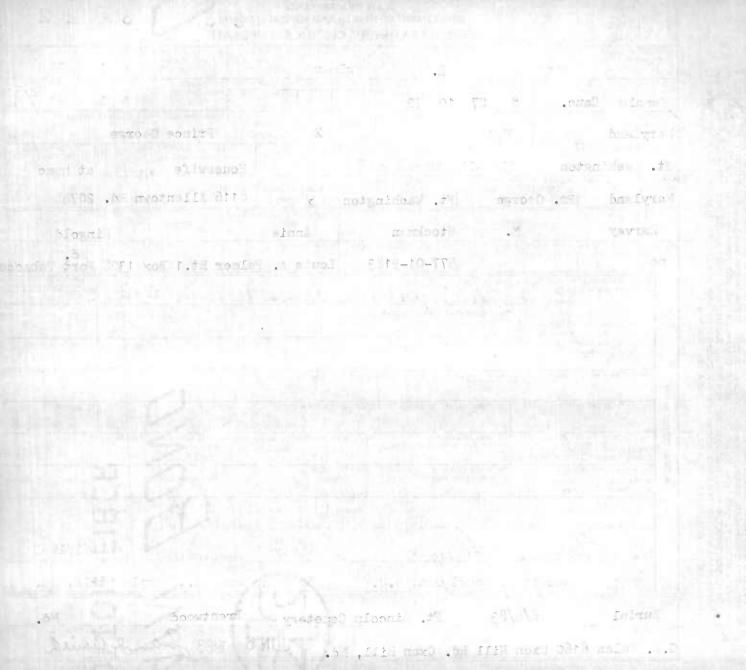
FOR STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

Hyattsville, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENBS

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	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.									2 3		
I. DECEAS		CE ASED NAME OR PRINT! Le			Roy		PARHAM			12, 19		AY YEAR	2b. HOUR 5:51p		
	3. SEX	Male			lack	S. DATE C	DAY	937	45	YEARS LAST BIRTH	YRS.	ONTHS DAYS	IF UNDER 24 HRS		
1	70, BIRTHPLACE (STATE OF FOREIGN COUNTRY)			75. CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED			9. BALTIMO	MD					
		ty or town of dea anham	(TH	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH ACILITY, GIVE STREET ADDRESS) Doctors Hospital of				TYPE OF WO			WORKING LIFE	INDUSTRY	Md.		
>		AL RESIDENCE (IF NURS ITATE Md. •	ING HOME OR 13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN COllege	V	13d. INSIDE C	NO [130 STREET		wick	Rd.	140		
2	14. FA	THER'S NAME Bert		MIDDLE P	arham		15. MOTHER	S MAIDEN NAI FIRST 10	WE	WIDDLE	S	cott	T		
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		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediote ig the lost.	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED) TO THE TERM	AINAL DISEAS	SE OR COND	ITION GIVE	N IN PART TO	0		
2	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUT	OPSY?		WERE FINDING CAUSES			
1	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE	CAUSE OF DEA	21e. PLACE (M. MONTH DA M. OF INJURY	19	21f. LOCATION STREET		RED (ENTERN	ATURE OF INJURY		COUNTY	STATE		
	W	AT STATE OF THE STREET, PACION, OFFICE, PARM, ETC.)													
1		22d. PHYSICIAN'S NA	AME (TYPE C	L' MM M				ATTENDING MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN							
		Lewis	н. р	ennis, N							Silve	r Spri	ng, Md.		
	270 8	URIAL CREMATION,	REMOVAL	23b. DATE 5/17/			EMETERY OR	CREMATORY		ATION Y OR TOWN	DIE	COUNTY	STATE		

DHMH - 16 50M 4/82

(VRA 15, 4)

24. FUNERAL DIRECTOR

H. S. WASHINGTON + SONS 4925 BURROUGHS AVEN. E.

DININIDUE MEH. CEM. DININIDUE

250. DATERICO, BY REGISTRARISH REGISTRA

THE STREET OF STREET STREET, THE STREET STREET, STREET MODELLE SETTEMBER STATE OF STA

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		STATE REGISTRAR			CAL EX				-	TH	REG. NO.		
		EASED NAME	E FIRST	MIDDLE						20. DATE KNO	WN X MOI	NTH DAY	YEAR 76. HOUR
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PLASE ECTOR. R PLES. STREET,	3 SEX		4. RACE	5. DATE OF BIRTH	6. A		IF UNDER 1 Y	IF UNDE		2c. DATE	MON	TH DAY	YEAR 24 HOUR 5:35
S C C C C C C C C C C C C C C C C C C C	Me	ale	White	Sept. 3,	1961	21 YRS.	MONTHS DAY	's Hours	MIN,	PRONOUNCE! DEAD	6	5 8 1	9 83 PM
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りと単書語言	10. CI	TY OR TOWN	OF DEATH	I. NAME OF HOSE			OTHER INST	ITUTION		AL OCCUPATI	ON (TYPE OF WO	ORK 12b. KIND	O OF BUSINESS
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_ 00000	USUA 13a. S	L RESIDENCE	IF IN NURSING HOME OF	ROTHER INSTITUTION, GIV		E ADMISSION)		IDE CITY LIMITS?		EET ADDRESS		0	2000
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A AMIN		lying cou	stoting the <u>under</u> - se lost.	DUE TO, OR	AS A CONSEQ	UENCE OF							
S, 26				(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. FITA RES SHOULD BE USED AS A BURIAL - IRRANSIT PERMIT. PAGES 1, AND 2 SHOULD DEPENDENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FECO. OF PROR TO BURIAL, CREMATION, OR REMOVAL.	NO	PARI 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL I	DISEASE DR CDND	DITION GIVEN IN P	ART 1 to:				
TAL RECO	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHI	H OPERATIO	N WAS PERF	FORMED?	100			20 AU	ITOPSY?
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ATE. J		22a. I certif	fy that I took charge	of the remains desc	ribed obove, h	eld on A	utopsy X	. Inspection	on .	Inquiry [, ond in m	ny opinion	Md.
MAN SE FETT	814	death results	ed from: Noture	ol couses .	Accident	, Suicide	, Ho	omicide X	Undete	ermined monne	r		
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NO SEE	-	EXAMINER'S	NAME Ann	M Divon	MD			111 6	Pann 9	St., Ba	1+0	Md 21	201
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BARTENDORE, MARYLAND, 21201 PROR TO BURIAL,		(TYPE OR PRI	(TV	M. Dixón,			ADDRES	J			., 1	-iu, 414	
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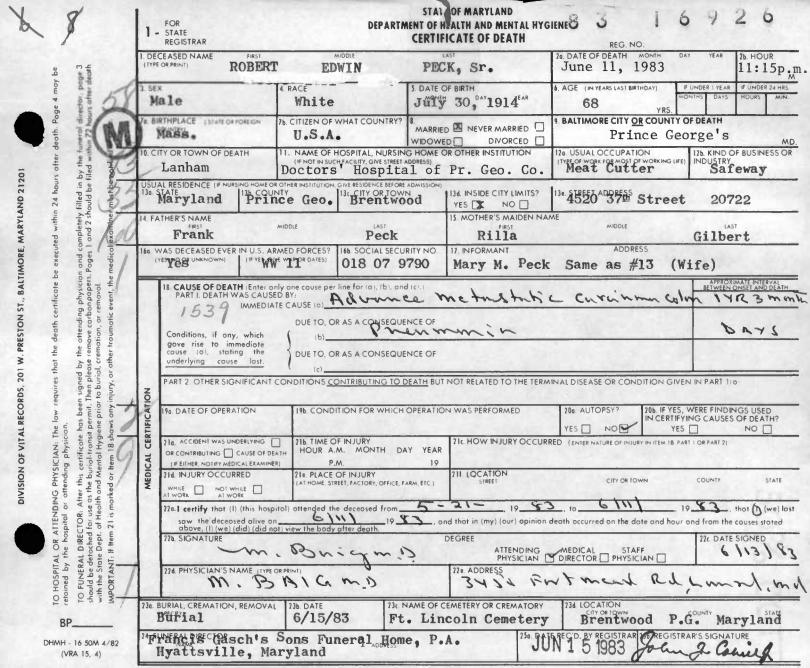
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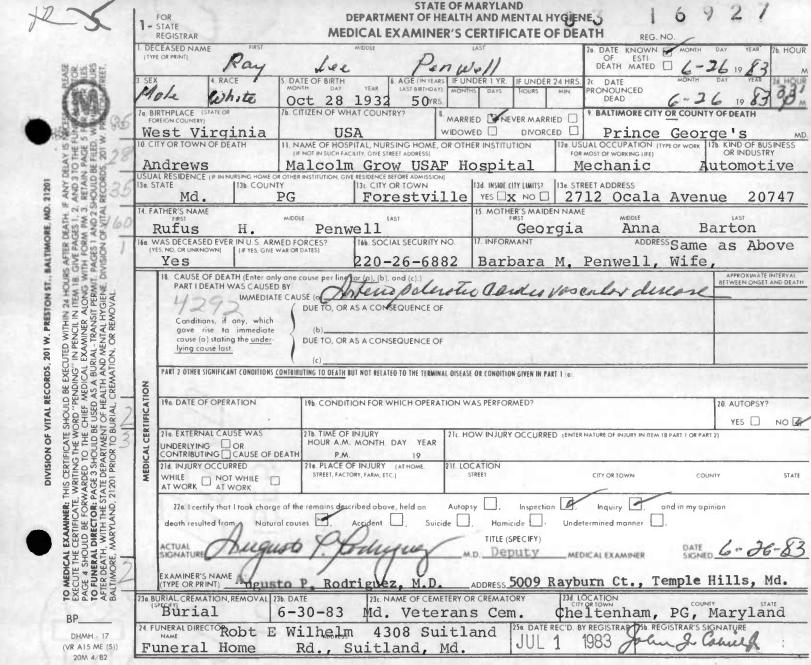
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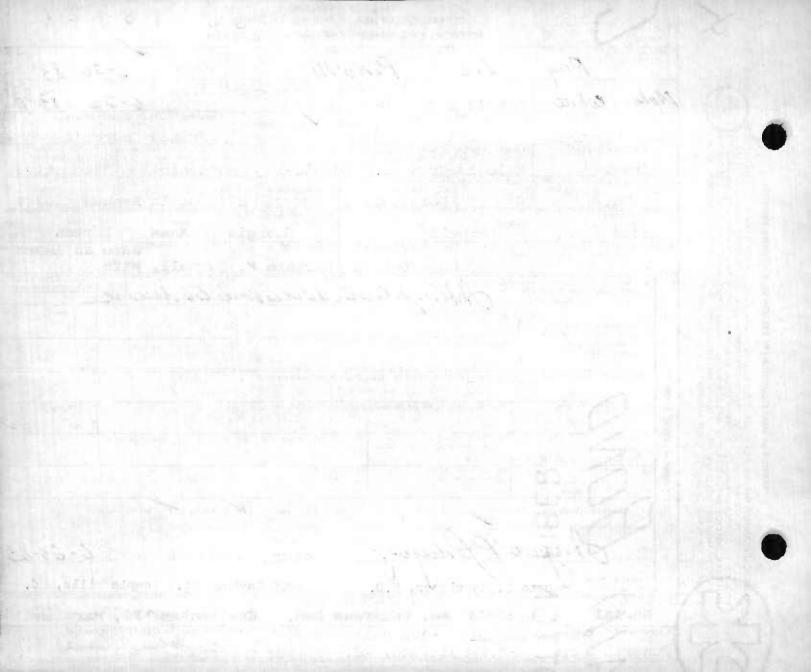
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Hyattsville, Maryland

(VRA 15, 4)

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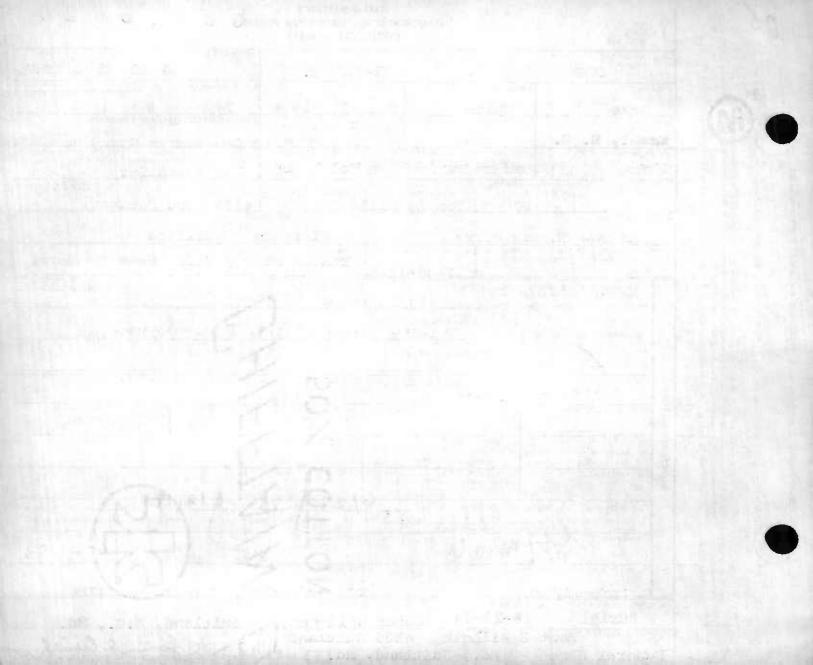
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENLE

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Property Dateber Sons Puneral Home, N. ...



7	STATE OF MARYLAND FOR 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH REG. NO.	
£ 75	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR (TYPE OR PRINT) RAYMOND L. PFEIL 06 01 83 9:52	A
may 8	SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST GIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H	HRS
- 100	Male White Sept. 29, 1918 64 YRS.	
OUN 1/5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania 7b. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? WHOWED DIVORCED PRINCE GEORGE'S COUNTY	MD.
Dy she to the control of the control	CITY OR TOWN OF DEATH CHEVERLY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PRINCE GEORGE SUBJECT BEAL HOSP. 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Crane Operator Construction	
UND 212	JSUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 130. CITY OR TOWN 131. CITY OR TOWN 132. INSIDE CITY LIMITS? 5705 43rd Avenue	
MARYLL MARYLL	FATHER'S NAME FIRST FIRST FIRST AGNES FIRST AGNES FIRST AGNES STOKER LAST	
TIMORE,	WAS DECEASED EVER IN U.S. ARMED FORCES? [VES. NO OR UNKNOWN] WW TT Yes 210-10-1749 June P. Jackson, Dtr., Provided Roll Roll Roll Roll Roll Roll Roll Rol	737
DS, 201 W. PRESTON ST., B queres that the death certifical regimed by the attending plby herr please remove carbonapa to burial, cremorities, or remove query, or other trausmalic event	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01	
FIVE CLAN The law requirements physician. The certification has been seen to be build from the perior to the Markettel Hyrache perior to the Markettel Hyrachettel Markettel Hyrachettel Markettel Hyrachettel Markettel Hyrachettel Markettel Hyrachettel Markettel	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	,
OF VITA OF VIT	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (FETHER NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY OF INJU	
VISION O PHYSICAL O the burn of the burn o	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK AT WORK AT WORK THE THER NOTIFY MEDICAL EXAMINER) P.M. 19 21l LOCATION STREET CITY OR TOWN COUNTY STATE STREET	E
DITTENDING partial average for over a ef Health	22a.1 certify that (1) (this haspital) attended the deceased from 1900, that (1) (we) saw the deceased olive on 1900, that (1) (we) saw the deceased olive on 1900, and that in (my) (aur) opinion death occurred on the date and hour and from the causes states above, (1) (we) (did) (did not few the body after death.	lost
At OR A At DREG At DREEd denoched one Dept.	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
TO HOSPILA retoined L TO FUNE should be with the Stat	Paul Berez PEGHOSP Clevery MD	
	Burial June 3,1983 Fort Lincoln Cemetery Brentwood P.G.Cty., Maryland	E
BP	4. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNATURE	_
DHMH - 16 50M 4/82 (VRA 15, 4)	W.W. CHAMBERS CO., 5801 Cleveland Ave., Riverdale, Md. N 6 1983 John G. Connel	

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20M 4/82

STATE OF MARYLAND

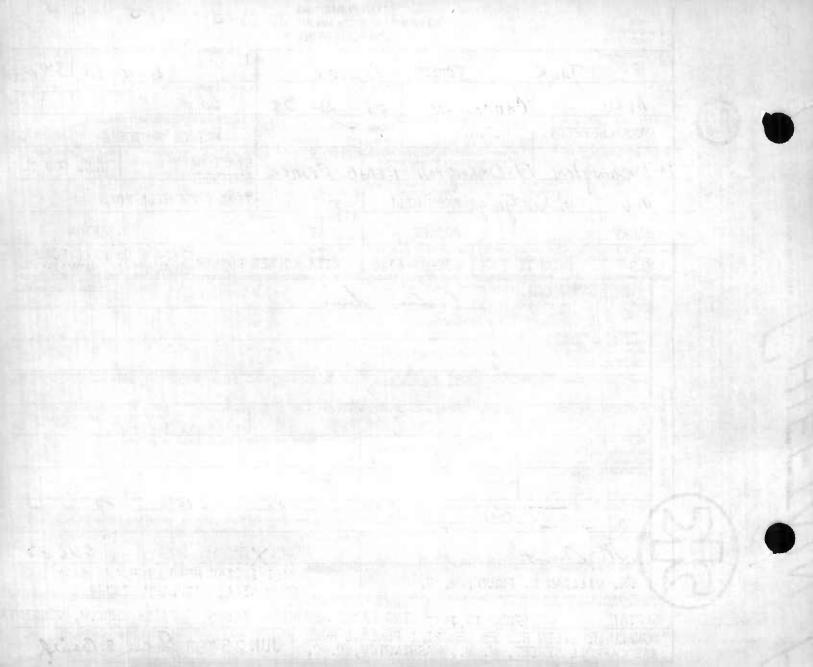
Tale Whice June 7, 1965 II Scholent Md. Univ. Maryland Prince Georgea Baabrook v 6900 Woodatrama Dark 20708 The Physics Commits 1. If the commits of the commit N/A N/A S86-40-2-27 Two D. Hamado-father- (ease as 13e)

15	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IEND 3 1 6	9 3 2
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
ge 3 eath	BERN	ARD	PORRO	JUNE 9, 1983	1135 A _M
B ST WAS	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
	MALE	WHITE	JAN 10 1904	79 YRS.	NINS DATS HOURS MIN.
(M)	NEW JERSEY	76 CITIZEN OF WHAT COUNTRY? UNITED STATES	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF PRINCE GEORGE'S	
by the filled will	ANDREWS AFB		AF MEDICAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SUPPLY	12b. KIND OF BUSINESS OR INDUSTRY MILITARY
filled in by the hould be filled w		OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY E GEORG FT WASHI	NGTON 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2602 BRINKLEY RO.	AD 20744
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g physicity on paper removal.	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and BY: E CAUSE (a) RESPIRATOR	1	AILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
aeoth contendin ottendin ote carb	Conditions, if ony, which		SPERATORY DISTRESS	SYNDROME Synorome	
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ottendir ottendir ther this hond M hond M	OKCONINIBILING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or CTOR: A I far use of Heolisma	22a. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not		ond that in (my) (our) opinion of	to 2) MAY , 19	nd from the couses stated
y the horacle to the horacle detoched oute Dept.	22b. GIGNATURE	l mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	121 DATE SIGNED
etoined by	DAVID C GR	EB MD C. GRE	MALCOLM GROW	USAF MED CEN AAF	B, MD 20331
BP	230. BURIAL, CREMATION, REMOVAL BURIAL	1 1 10	ame of cemetery or crematory lington National Ce	en. Arlington	OUNTY STATE
IMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR G.P. Kalas 6160 02	con Hill Rd. Oxor		N 1 4 1983 John	2 Cohief

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

httist (m. 13/63 malenton etionel com. Alimton Time



	1 - STATE	18 - 22a 3/	D	EPARTMENT O		D MENTAL HY	•	16	934	
	REGISTRAR	AC FIRST	WEL	MICAL EXAMI	NER'S CERT	IFICATE OF		REG. NO.		
	1. DECEASED NAM (TYPE OR PRINT)			WIODEE			OF	ESTI- MOI		26 HOUR
SARY, PLEASE AL DIRECTOR. YOUR FILES. HOURS		Anth			Pric			NATED 6/	/23/83 ₁₉	М
PLEA RECTO FILE STREE	3 SEX	4. RACE	5. DATE OF BIRTH	YEAR 6 AGE (IN			MIN. PRONOUNC	ED		29:95 P M
S S S S S S S S S S S S S S S S S S S	Male	Black	2 12	61 22	YRS.		DEAD		/23/8319	PM
NECESCARY FUNERAL DIS	Ta. BIRTHPLACE	STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	D IXI	_	UNTY OF DEATH	
	Maryland		U.S.A.		WIDOWED [rge's Coun	
出の安ま	10 CITY OR TOWN		(IF NOT IN SUCH FAC	ITAL, NURSING HO		STITUTION	12a. USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF WO	ORK 126 KIND OF BU OR INDUSTR	
BE F	Andrews A		Andrews	Airforce	Base		Cook		Self	
\$ 2 B	USUAL RESIDENC 13a. STATE	E (IF IN NURSING HOME 113b COUN	OR OTHER INSTITUTION, GIVI	136. CITY OR TOWN		ISIDE CITY LIMITS?	3e. STREET ADDRESS	5		
55 R5	MD		ce Georges		YES		2504 Pine	Brook A	Avenue 207	85
TAL	14 FATHER'S NAA		MIDDLE	LAST	15. M	OTHER'S MAIDEN			LAST	
2760	James	5	Oliver	Price	001	France			Turner	
Z		ED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO. 17 IN	FORMANT		ADDRESS		
20	No	(IF TES, GIVE	WAR OR DATES)	219-72-1	443 La	urence M	cNeal #	11-46th	St. S.E.	#4
3	18. CAUSE	OF DEATH (Enter or	nly one couse per line t					+ a STITLING	APPROXIMATE BETWEEN ONSET	INTERVAL
ر لا	PARTIC	EATH WAS CAUSE	D BY.	rdiomegaly					BETWEEN ONSET	AND DEATH
000	142	93		AS A CONSEQUENC	E OF					-
EA H		ons, if ony, which								
SZ TR		rise to immediate a) stating the <u>under</u>		AS A CONSEQUENC	E OF			7		
Z X Z	lying co	ouse lost.	(4)							
STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	121	SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH B	UT NOT RELATED TO THE T	ERMINAL OISEASE OR CON	NDITION GIVEN IN PART	1 (a).			
ARITI	0									- 0
¥ AL,	WED CALC CERTIFICATION THE CALC CALC CALC CALC CALC CALC CALC CAL	F OPERATION	196. CONDIT	ON FOR WHICH OP	ERATION WAS PER	RFORMED?			20. AUTOPSY?	
BG	210 EXTERN	IAL CAUSE WAS	216. TIME OF	INJURY	71r HOW IN	LIURY OCCURPED	LENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C		NO []
253	UNDERLYIN	G OR	HOUR A.M.	MONTH DAY YE		- CALL OCCURRED				
H THE STATE DEPARTMENT LAND, 21201 PRIOR TO B	CONTRIBUT	OCCURRED		FINJURY (ATHOME.	211. LOCATIO	N				
O P	WHILE		STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
212	AT WORK	AT WORK								
ND.	220 I cer	tify that I took char	ge of the remains desc	ribed obove, held or	Autopsy X	, Inspection	. Inquiry	, ond in m	ly opinion	
Y K	deoth resu	Ited from: Note	rol couses 🕱 ,	Accident ,	Suicide , H	Homicide ,	Undetermined mon	ner ,		
AR.		1810	D Time			TLE (SPECIFY)				100
H, N,	ACTUAL SIGNATURI	J.C.	more 1	Myher	M.D.AS	ssistant	MEDICAL EXAMIN	NER SK	GNED 6/24	/83
L MORA	EXAMINER'	S NAME	1	V17	M D	777 0			Md 21201	
AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	TYPE OR PE	Ma Ma	rgarita A.	Korell,	M.D. ADDRE	ESSP		balto.,	Md. 21201	
A B A	(SPECIFY)	ATION, REMOVAL		23c NAME OF	EMETERY OR CREA	MATORY	236 LOCATION CITY OR TOWN		COUNTY ST.	ATE
10	Buria		6/29/83	Harmony	Memoria		Landover			1D
- 17	24. FUNERAL DIRE	CTOR		AL MOME.	INC.		C'D. BY REGISTRAR			
ME (5))		-	SOUR SMINE	THE RESE. BLD		JUL	5 1983	1	-	

(VR A15 ME (5)) 20M 4/82

1/		OR			PEPARTMENT OF	HEALTH	AND MENTAL H	TYGIENE		0 3	0 0	
R		STATE REGISTRAR			DICAL EXAMI			_	REG. NO).		
	1. DEC	EASED NAME	FIRST		MIDDLE		LAST	2a DAT	E KNOWN [HINOM	DAY YEAR	26 HOUR
THES.	(TYPI	OR PRINT)	Jam	es	T	Pro	ctor	OF	H MATED	6	25,83	2.04
STREE	3. SEX		E	S. DATE OF BIRTH	6. AGE (IN)		DER 1 YR. IF UNDER		TE	HTMOM	25 FAR	2d. HOUR
35		M	3	2 14	13 7 0	rrs.	DAYS HOURS	MIN PRONC	AD	6	19	2.04
215		RTHPLACE (STATE OR		76. CITIZEN OF WE	AT COUNTRY?	8 MARRI	ED KNEVER MARR	IED 7. BALT	IMORE CITY O	R COUNT	Y OF DEATH	
1	20 10	ryland	40.00	U.S.A		WIDOW		ED Pr	ince Ge		S	MD
.7	10. CI	Y OR TOWN OF DE	ATH/		PITAL, NURSING HOA		ER INSTITUTION	12a. USUAL OCE	UPATION (TYPE	OF WORK	OR INDUSTR	
	(on. Heis	44	Prince G	eorge's Ho	spita	l	Army			Retired	1 1
4	USUA 13a S		IRSING HOME OR		136 CITY OR TOWN		13d. INSIDE CITY LIMITS?	130. STREET ADD	RESS	11	Allh	145
2	M			Georges			YES NO	1009	Cedar	His	115 71	
7	I4. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDI	ENNAME	WIDDLE		LAST	
L	į.	Joseph		J.	Procto	r	Marv		D.		Procto	r
1	160. W	AS DECEASED EVER	IN U.S. ARMI	ED FORCES?	166. SOCIAL SECURI		17 INFORMANT		ADDRESS	0-3-		
	Ye			0 11/65	578-10-94	59	Kattie J.	Proctor	Capit	ol He	Hts Dr	ID I
		18 CAUSE OF DEA	TH (Enter anly	ane cause per line	far (a), (b), and (c).)		0	11			APPROXIMATE SETWEEN ONSET	STEEVAL .
	100	PART I DEATH V	IMMEDIATE	BY:	m	ola	relial M	fores	-	-	ALCOHOLD SHARE	- STATE
5		4100	IMMEDIATE		AS A CONSEQUENCE	OF	,	1				
IRIAL, CREMATION, OR REMOVA		Conditions, if		1	4	-10	entern	1.			Fill (3)	
		gave rise to cause (a) statin		DUE TO, OR	AS A CONSEQUENCE	Al			1771			
	1	lying cause last		1		0						
		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	RT Lin			1	
	N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TO OLAIN	The second of the leading	mane process	VA CONDITION OFFER IN FA	10.7				
7	ATIC	19a DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY?	
	MEDICAL CERTIFICATION										YES 🗆	NO 🗆
7	ERT	210 EXTERNAL CAL	ISE WAS	21b. TIME OF	INJURY	21c HC	OW INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 I	PART I OR PAR	1	NO L
3	NI C	UNDERLYING [OR	HOUR A.M	MONTH DAY YEA		- CONTRACTOR OF THE CONTRACTOR					
2)IC	CONTRIBUTING	RED	21e PLACE C		211 100	CATION					
	ME	WHILE NOT	WHILE		ORY, FARM, ETC.)		TREET	CITY OF	TOWN	cou	INTY	STATE
	13	AT WORK AT V	VORK		100			(A)				- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	13	22a. I certify that	I taak charge	at the remains des	cribed abave, held an	Autap	sy 🔲, Inspectio	Inqu	ry . an	d in my ap	inian	
		death resulted fram	n. Natura	I causes	Accident , S	vicide 🗌	. Hamicide .	Undetermined	manner .			
			/				TITLE (SPECIFY)	7			6-2	35
6		ACTUAL SIGNATURE	MIL	A.D	ABBN	M	o Depril	Z MEDICAL EX	AMINER	DATE	0	3
of			2	20 0		1	1. 6	2/ 1/	4546			
1		EXAMINER'S NAME (TYPE OR PRINT)	06-	si a	nayo	10	ADDRESS_	ineusb	nom	1	207/0)
2	23a.BI	JRIAL, CREMATION,	REMOVAL 23	DATE	23"Harmon	METERY O	RCREMATORY	23d. LOCATION	1	COUN	ITY ST	ATE
		Burial	6	/30/83	Shirt Carry	Memo	rial Park			ce Ge	orge's N	
	24 Ft	NERAL DIRECTOR		O AMINER	ACE, M.C.		25e. DATE	- 1000	RAR 296. REGI	STRAR'S S	CNATURE A	
		7 E & K	433	ANOTOR I	0.0 20010		JUL	5 1983	John	~0~	mung	
			U/15	HARL CHA								

STATE OF MARYLAND

P.S 23 2.4 asso hunt place, N.E. Pashington, D.C. 20019

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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fettor . DM. at American	un James, all	0007-11-050		0
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	Draw J.M			
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	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	16937
(M)	(TY)	CEASED NAME FIRST	C /	Reed		MONTH DAY YEAR 26 HOUR OS 6 1 83 10 AM
oge 4 m	3. St	Female	Black	5. DATE OF BIRTH MONTH Z 8 98	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN
deoth. Pa		COUNTRY) Md.	U, S, A	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE	COUNTY OF DEATH GEORGES MD.
by the filed with	Fe	Restville	PENOT IN SUCH FACILITY, GIVE TRE	sing & Rebab Center	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSEU	F WORKING LIFE) INDUSTRY
in 24 hours y filled in should be	130.	STATE Md. Pr. C	THER INVITUTION GIVESIDENCE BEFORE 13 COUNTY DEO SUITI	and YES NO	13e. STREET ADDRESS	Kewood St. 20146
ompletel	4	William	Brook:	15. MOTHER'S MAIDEN NA.	nnie MIDDLE	LAST
cate be executed within 24 hours ysicion and completely filled in by appers. Pager 1 and 2 spanial be fill wol.		WAS DECEASED EVER IN U.S. ARM (YES, NO OR PINKNOWN)	ED FORCES? 16b. SOCIAL SEC WAR OR DATES) 578-6	8-0896 HAZELD	450N Goda	laughter) # 13
4000		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1 1/14	and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce attendin ove carb itian, ar i		Canditians, if any, which	DUE TO, OR AS A CONSEO	vence of edema		
that the d by the ease rem al, crema		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		
igned Then pl	NON	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
he bes best permit sens produced and and and and and and and and and an	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
NG EHVSICIAN. The partitioning that the death certification is provided by the attending is at the british treatment here bear temper carbon than Mintel Majories prior in burior, cremotion, or remains and Mintel Majories prior in burior, cremotion, or certificate at them 18 shows prior many, or other traumatic events.	A 100 CT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
of Berry after this in the by hand Mi	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
uttendo patal or CTOR, at for use of of Healt		220.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat)		0 %	death accurred an the de	, 19 , that (I) (we) last ate and haur and fram the causes stated
At OR A the hos At DIREC seroched ore Dept		22h SIGNATURE	ent Thent	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	
HOSPIT, sined by PUNER, pold be d in the Sto		William Ken	Furst, M.	22e. ADDRESS	11-011	TUNAL 1 A
0 € 2 8 T 3 — BP	23a.	BURIAL CREMATION, REMOVAL (SPECIF)	23b. DATE 23c	NAME OF CEMETERY OF CREMATORY	23d LOCATION	sville Monta ma
DHMH-16 30M 2/80 (VRA 15, 4)	24	ONERAL DIRECTOR P. C	mulden 20th	N. WASh. ST. 250 PM	NE 3 BY 1983 A	MA BUCHSTRAIN SINCHALIBERA

TAMES NEW YORK AND THE PARTY OF BURE AND THE PROPERTY OF THE STATE OF THE ST FOR

STATE

REGISTRAR

21784 Speake ADDRESS Sykesville, Md. Ron Pearre (Nephew) 7609 Mellor Ave, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ChilEB, LANDOVER RD, LANDOVER PG Burial 6/10/83 Ft.Lincoln Md. 24 FUNERAL DIRECTOR Hines/Rinaldi 11800 N.H.Ave.S.S.Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

126. KIND OF BUSINESS OR

Bill's Beauty

Salon

12:10am

IF UNDER 24 HRS

83

IF UNDER 1 YEAR

INDUSTRY

DHMH - 16 50M 4/82 (VRA 15, 4)

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4	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1 - STATE APPLICATE STATE	3 9
100	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST TO DATE VALUE OF DEATH AND THE PROPERTY OF TH	
SE S. ES. ET,	(TYPE OR PRINT) ETHET. R DICCT OF ESTI- 6 29	19 3 1044
LEAS CTOR ILES OUR	FEMALE WHITE July 2, 1918 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 7c DATE MONTH DAY JULY 2, 1918 64 YRS.	YEAR 2d HOUR
11/2	76 BIRTHPLACE (STATE OR PENNSY I VANIA U.S.A. 1. MARRIED NEVER MARRIED Prince Georges	DEATH
N PAGE 5	10. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1120. USUAL OCCUPATION (TYPE OF WOOK 112b. KIN	ND OF BUSINESS
AND 3 TO RETAIN P. HOULD BE KECORDS,	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION) 136. STATE 137. CITY OR TOWN 136. CITY LIMITS? 136. STREET ADDRESS 136. STREET ADDRESS 137. STREET ADDRESS 138. STREET ADDRESS 148. STREET ADDRESS 158. STRE	4999
VI V	M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	LAST
PAGES 1 AND DIVISION OF	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT James W. Ricci Bryantown, Md 20	
FED WITHIN 24 HO PENCII. IN ITEM 18 ALTRANSIT PERMIT MENTAL HYGIENE, R REMOVAL.	PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) MMCDIATE CAUSE (b)	PROXIMATE INTERVAL VEEN ONSET AND DEATH
CHIEF MEDICAL IN CHIEF MEDICAL IN CONTROL OF HEALTH AND AL, CREMATION, O		UTOPSY?
SEA PER SE	LINDERIVANC LOD LINOUR A.M. MOININ DAI LEAK	ES NO
VARDED TO AGE 3 SHOU ATE DEPART	TOONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, AT WORK AT WORK STREET, FACTORY, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY	STATE
ECUTE THE CERTIFICATE, WR NOE 4 SHOULD BE FORWAR DE FORMAL DIRECTOR: PAGE TER DEATH, WITH THE STATE ALTIMORE, MARYLAND, 21201	226. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE ADAR , DATE SIGNED EXAMINER'S NAME Said A. Daee, M.D. DATE SIGNED 5632 Annapolis Rd Suite 10, 1	-30-83 Bladensburg
PAGE TO F BATTE BATTE	Type or PRINT ADDRESS 236 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Clifton Cemetery Elifton Fairfax County County Clifton Cemetery	Va ^{STATE}
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24 FUNERAL DIRECTOR Gasch's Sons Runeral Mome, P.A. Hyattsville, Maryland 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 1983	JR6 Welf

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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

	REGISTRAR				CERTI	CAIL OI DEATH		REG. NO	Э.		
1 DE	CEASED NAME	FIRST	MIC	OOLE	- 4	AST	20. DATE C	OF DEATH	MONTH	OAY YEAR	26 HOUR
	. OK PRIIVIT	ANNA	MA	E	RICH	ARDS		MA	Y 15	1983	2:05 A
3 SE	х		4 RACE		5. DATE O			YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
int.	FEMALE		CAUCAS	IAN	DECE	MBER 17 1 PO	4	78	YRS	MONTHS DAYS	HOURS MIN.
AL B	IRTHPLACE (STATE	OR FOREIGN	16 CITIZEN OF W		8 AA A PRIE	X NEVER MARRIED	9 BALTIM	ORE CITY O		OF DEATH	
1	STRICT O		BIA UNI	TED STAT	ESDOWE	D DIVORCED		CE GEC	RGE 'S	S	MI
	DREWS AF	1				ROTHER INSTITUTION ICAL CENTER	CTYPE OF WO	COCCUPATION FOR MOST OF EWIFE			OF BUSINESS OR
13a	AL RESIDENCE (#) STATE RYLAND	NURSING HOME OR 13b COUN PRINC	OTHER INSTITUTION GI	S HILLS	AOMISSION)	134 INSIDE CITY LIMITS		ADDRESS 23RD	PARKW	IAY	20748
)	OLEMAN		NDOLPH	last BROWN		15. MOTHER'S MAIDEN FIRST MARY	NAME Е	WIDDLE		FARLEY	ST
16a V	VAS DECEASED EN	VER IN U.S. AR	MED FORCES? 1	66 SOCIAL SECU		17 INFORMANT		ADDRE	SS TO I	TTTTC	MTD
	NO OR UNKNOWN	(IF YES, GIVI	E WAR OR OATES}	579-01-6	347	EUGENE RIC	HARDS	4301	23RD	HILLS, I	
	18 CAUSE OF DE	ATH (Enter on	ly ane cause per lir	~		ARDIAC ARRE	ST			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	A A TO LATE		E CAUSE (a)	Car	dlac	Huerr				5 MJ	INS.
	427	2	DUE TO, OR A	AS A CONSEQUE	NCE OF						
	Canditions, if	any, which	(b)								
	gave rise to	immediate) 10)		32			2.4.17			
	couse (a), st underlying co	oung the	DUE TO, OR A	AS A CONSEQUE	NCE OF						
			(c)								
z	PART 2. OTHER S	IGNIFICANT C	ONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONE	DITION GIV	EN IN PART 100	o,
ATIO	19a DATE OF OPE	RATION	19h CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFORMED	20a AUT	OPSY?	1206 IF VES	S, WERE FINDIN	JCS HSED
CERTIFICATION	771 0712 07 072		170. CONDIN	ON TOR WINCH	OFERATIO	- WAS FERI ORMED	YES	ио Х	IN CERTIF	YING CAUSES	OF DEATH?
	21a. ACCIDENT WAS		21b. TIME OF I		Y YEAR	21c. HOW INJURY OCC	URRED (ENTERN	ATURE OF INJUR	Y IN ITEM IB P	PART 1 OR PART 2]	
MEDICAL	(IF EITHER NOTIFY A		In .		19						-100
EDI	21d INJURY OCC	URRED	21e. PLACE OF		7	211. LOCATION	14	CITY OR TO		COUNTY	STATE
×	WHILE NO	T WHILE WORK	(AT HOME, STREET	T, FACTORY, OFFICE, FA	ARM ETC)	SINEEL		CITY OR TO	WN	COUNTY	STATE
			©€ attended the d	deceased from 3	31 MAR	CH 19.83	to_1	5 MAY		19 83	that place) los
			15 MAY			d that in (my) (XX apini		ed an the do	ite and hav		
	22b. SIGNATURE	e) (did) (Malaka)	view the bady of	ter deoth.		DEGREE				22c. DATE	
	(72)	Sound	7		ATTENDING PHYSICIAN		STAF		150	nay 83
	22d. PHYSICIAN'S		VIS, M.D.			MALCOLM ANDREWS	GROW-ME				
	BURIAL, CREMATIC	ON, REMOVAL	23h DATE			METERY OR CREMATOR					
	Burial		5/17/83	Was	shing	ton National	Cem. CIT	Sultla	and	P.G. M	aryland
24 FU	JNERAL DIRECTOR	?	1			25 5	ATE, REC'D_BY.			RATO SIGNAT	~ ~
-	NAME	17-3	Thursday 3	PTOO	Uxon	Hill Rd.	AY 171	983	blu	- Or can	and a
	eorge P.	Natas	runeral	nome Oxo	OH HI.	TT 9 174.			1177		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

5/17/83 . Natainaten Mathemal Dec. Endelund . F. M. M. Tyland French Gián crem Hill Sa. Maran George L. Maran George J. Maran George Gron Hill, Ma.

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			romain rauin		
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George P. Kalas Funeral Home Oxon Hill, Md.

(VRA 15, 4)

STATE OF MARYLAND

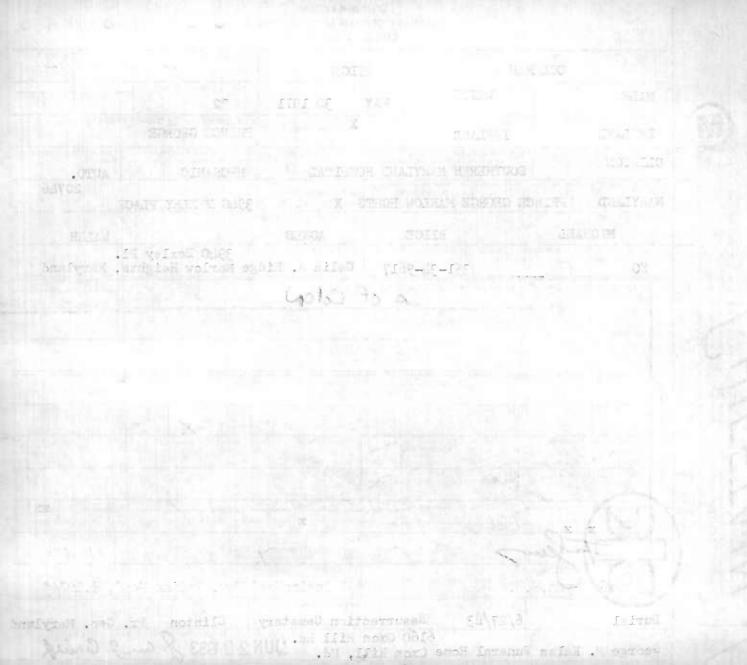
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	t the deoth certificate be ex	the ottending physician and e remove carbanpapers. Page
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by the liled lilled lilled	C	TY OR TOWN OF DEATH LINTON	SOUTHE	HOSPITAL, NURSIN H FACILITY, GIVE STREET REN MARYI	AND HO	ROTHER INSTITUT	10N I	20. USUAL OCCUPAT (TYPE OF WORK FOR MOST C MECHANIC			F BUSINESS OR
hin 24 hour should be the must be		AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW E MARLOW	ADMISSION) HGHT	138. INSIDE CITY L		39. STREET ADDRESS 3940 BEXLE	Y PLACI	2	20746
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rificate be execut a physician and co anpopers. Pages I event, the medical		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES G	RMED FORCES?	351-34-9		17. INFORMANT Celia A.	. Ride	3940 Beg se Marlow I	cley Pl Heights	, Mary	rland
equires that the death considered by the attending Then please remove carb to burial, cremation, or the injury, or other traumatic	NO	Conditions, if ony, which gave rise to immediate couse iol, stoting the underlying couse lost	DUE TO, O	R AS A CONSEQUI	ENCE OF	NOT RELATED TO 1	THE TERMIN	IAL DISEASE OR CON	DITION GIVEN	N IN PART 10	
he low roon. hos been t permit. ene prior ows ony	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH	OPERATION		- 100	200 AUTOPSY?	IN CERTIFYI YES		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of offending physician. When this certificate has been signed by the offending physician and completely filled in by as the buriol-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be fillen the ond Mental Hygiene prior to buriol, cremation, or removal. Orked or from 18 shows ony injury, or other traumatic event, the medical-examiner management.	ION	Conditions, if ony, gove rise to imme couse (a), stating underlying couse	which ediote the lost.	DUE TO, OI DUE TO, OI DUE TO, OI (c) CNDITIONS CO	RAS A CONSE	QUENCE OF	NOT RELATED	TO THE TERM	IN THE			24 HR.
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Hyattsville, Maryland

(VRA 15, 4)

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232 CARROLL STREET, N. W., WASHINGTON, D. C,

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO

FOR STATE

(VRA 15, 4)

REGISTRAR

ACASTO LA SERVICIO DE LA CONTRACTOR DE L

Worself L.C. Parkage The same of the sa SIL AND STREET OF LEWIS LINES.

Shop Owner Mens Clothin 7051 Carroll Avenue Bornstein ADDREBeltsville, Md. Leonard Scheer; 13103 Greenmount Ave. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY and that in (my) (con) opinion death (curred on the date and hour and from the causes stated 2c. DATE SIGNED 3415 Hamilton St., Hyattsville, Md. Falls Church, Virginia King David Mem. Garden 24 FUNERAL DIRECTOR Rockville, Md. Danzansky-Goldberg Chapels; 1170 Rockville Pike

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

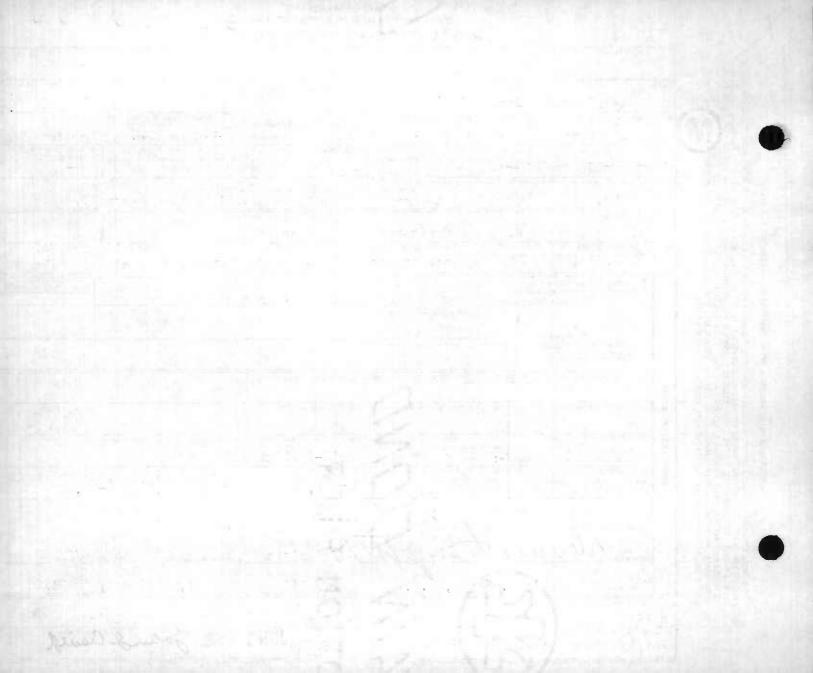
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(VRA 15, 4)

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RECORDS,	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEW PROBING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNGE A MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR 5A 8 URIAL - IRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WHEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. 1. AL, CREMATION, OR REMOVAL.	P	ART 2 OTHER SIG	INIFICANT CONDITIONS C	ONTRIRUTING TO DEATH B	IT NOT RELA	TEO TO THE TERMINA	L DISEASE	OR CONDITION	N GIVEN IN PART	T 1 (a).						
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	PE SE	3. SEX	X 4. RACE	5 DATE OF BIRTH	YEAR LAST BIRTHO		DER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	9:25
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BALTIMORE, MD. 21201	URS AFTER DEATH. IF ANY DELVE OF SIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN PT. PAGES 1 AND 2 SHOULD BE DIVISION OF WITH RECORDS.	No	WAS DECEASED EVER IN U.S. ARM (ES, NO, OR UNKNOWN) (IF YES, GIVE W N/A	VAR OR DATES)	220-94-1			hort - Fathe ghtwood Driv	r Press	derest ma	MD
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	R: TH VIE, V ORW/ R: PA E STA D, 21		220) certify that I taak charge	af the remains	cribed above, held an	Autap	sy X. Inspectio	In . Inquiry .	and in my api	າ່ກເດກ	
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	TO MEDICAL E EXECUTE THE C PAGE A SHOU TO FUNERAL AFTER DEATH, BATTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT) Del	nnis F. S	myth, M.D.		ADDRESS 111	Penn St., Ba	lto. Md	. 21201	
	PAET PAET	23o.B	SURIAL, CREMATION, REMOVAL 23		23c. NAME OF CE	METERY C		23d. LOCATION	COUN		TATE
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	DHMH - 17		UNERAL DIRECTOR Lee Fu NAME Ld Alexander Fer	ADDRESS		0.251.0	11111	2 4 1983	REGISTRARY	Cohel	di
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(VRA 15, 4)

STATE OF MARYLAND

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1	7	1 -	STATE REGISTRAR		DEPART		ALTH AND MENTAL HYC CATE OF DEATH			
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0 2 g	20	CC	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH
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P	XA		Y OR TOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADORESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDU	JSTRY
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S S T S	9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY .M. MONTH D		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART 1 OR P	ART 2)
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OR: Or US THe			saw the deceased alive	on Tha	SE 21 19		that in (my) (opinion	death occurred on the de		
AL DIRECT letoched for the Dept. o			224 SIGNATURE	le V.	How		ATTENDING	MEDICAL STAF	22c.	DATE SIGNED
should be det with the State	1		ROLANDO	V. GO	co, M	.b.	220 ADDRESS 612 MATA S	T. LAURE	L MARY	LAND
± ₹ 3 ≧			URIAL, CREMATION, REMOV	VAL 236. DATE			METERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNT	Y STAT
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50M 4/82	1		NERAL DIRECTOR		ADDRESS		HI	TE REC'D. BY REGISTRAN	John I	Coheel
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FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Hvattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

CERTIFICATE OF DEATH

YEAR

20706

(Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

1983

22c. DATE SIGNED

Maryland

STATE

2b. HOUR

6:15p

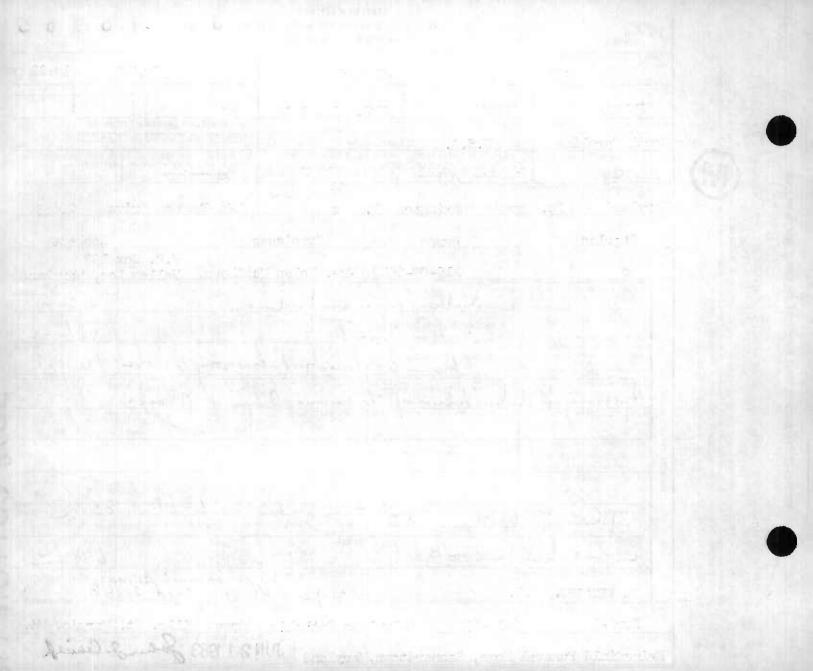
12b. KIND OF BUSINESS OR

Sheet Metal Co.

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Lindrevellia Mayringd



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			1000	
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P	Pě	ennsylvar	nia	U.S.	A .	WIDOWE		Prince Ge	orges	Coun	ty		۸E
1	10 CI	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. K		BUSINESS	R
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		sow the deceos	ed olive on	view the body	ofter deoth.	83,0	nd that in (my) our) opinion	death occurred on the c	ote and hou	ur and fro	m the c	ouses stoted	
		22b. SIGN	900	enn	MI	>	ATTENDING PHYSICIAN	MEDICAL STA	(FF	22 t.	G/	17/8:	3
_		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)	,	112	22e. ADDRESS	Λ		11		- 41	-
		CREGO	usy +	+- Co1	MOTON	MD	14201 LAVE	ER MEX DI	2#10	LA	ma	EL,M	1
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(VRA 15, 4)

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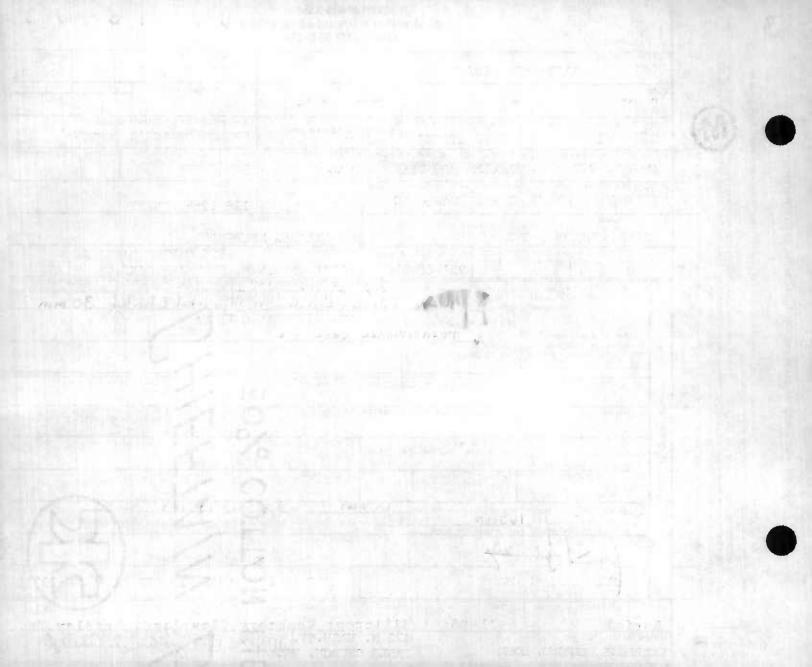
74 FUNERAL DIRECTORFLECK FUNERAL HOME INC. 760 AME Sandy Spring Rd. Laurel Md.20707

P.G. Md BY REGISTRAR OF REGISTRAR'S SIGNATURE

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	¥ 7	23a.BL (SI	RIAL, CREMATION, R					OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	r si	TATE
BP		Bu	rial	Jun	e 18, 19	983 Cedar		Cemeterv	Suitland	, Pr.	Geo.	, Mary	land
		Bu 24 FU	rial	Jun ee Fune	e 18, 19 ral Hom	983 Cedar e, Inc.	Hill (Cemetery 25a. DATE		Pr.	Geo.	Mary	land

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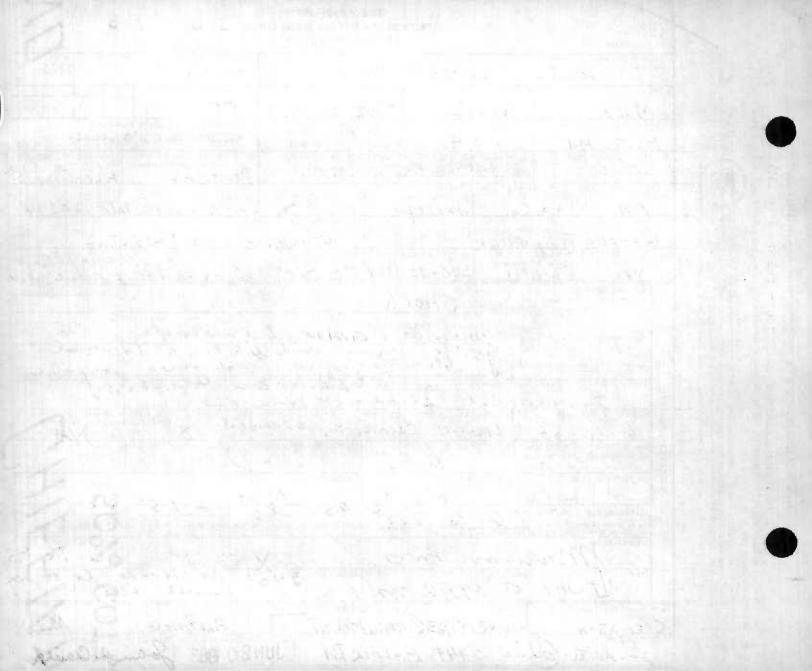


1	FOR		DEPARTMENT	OF HEALTI	H AND MENTAL H	YGIENE .		6	9 /	
1-	STATE REGISTRAR		MEDICAL EXAM	AINER'S	CERTIFICATE C	F DEATH	REG. NO.	•		31.0
	CEASED NAME FIR	ST .	WIDDIE		LAST		IVI 4 CO 444 14	MONTH I	DAY YEAR	2b. HOUF
LIY	PE OR PRINT) Mat	tie	Ethel	So	ike	OF DEATI	H MATED	6 1	19 83	
. SE	X 4. RACE	S. DATE OF B		(IN YEARS IF UI			C	MONTH	DAY YEAR	24 HOY
3	male Caucas			YRS. MON	THS: DAYS HOURS	MIN. PRONOL		6 2	1983	AN
	IRTHPLACE (STATE OR DREIGN COUNTRY)		OF WHAT COUNTRY?	B. MADE	RIED NEVER MARR	9. BALTI	MORE CITY OR	COUNTY		
	lest Virgini	a	USA		WED DIVORC		rince (Georg	ge's	MD
	ITY OR TOWN OF DEATH	II. NAME OF	HOSPITAL NURSING H	OME, OR OTI	HER INSTITUTION	120. USUAL OCC	UPATION (TYPE OF			USINESS
63	pitol Heights	3814	Clarke Street	et		Hou	sewife		OK 114D031	K I
	AL RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFORE AD		13d. INSIDE CITY LIMITS?	13e. STREET ADD	2230	21	0743	
V	Md.	PG	Cap. H	gts	YES NO		larke S	Stree	et	
4. F	ATHER'S NAME	MIDDLE	LAST	1740	IS. MOTHER'S MAIDE	ENNAME	MIDDLE		LAST	
	Isaac	L.	Combs		Phoe	be	Ct	ulle	rs	
	WAS DECEASED EVER IN U.S	ARMED FORCES?		URITY NO.	17. INFORMANT		ADDRS	me a	s Abo	ve
	No	2,000	226-18	-2078	Donald A	. Whitm	ire, So	on	4	
	18 CAUSE OF DEATH (Ent								APPROXIMAT BETWEEN ONSE	
	PART I DEATH WAS CA	EDIATE CAUSE (a)	Arterioscle	rotic	cardiovascu	ular dise	ase			
	7370		O, OR AS A CONSEQUE	NCE OF						
	Canditians, if any, w									
	cause (a) stating the u		D, OR AS A CONSEQUEN	NCE OF	MARKE		14 100			
	lying cause last.	(c)_								
	PART 2 OTHER SIGNIFICANT CONDI	HONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEA	SE DR CONDITION GIVEN IN PA	kRT T (a).				
O										
CAI	190. DATE OF OPERATION	19b. CC	ONDITION FOR WHICH	OPERATION V	WAS PERFORMED?				20. AUTOPSY	
CERTIFICATION									YES 🗌	NO
	210 EXTERNAL CAUSE WA		ME OF INJURY R A.M. MONTH DAY	YEAR 21c. H	IOW INJURY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM TO PAR	et 1 OR PART 2)	
MEDICAL	CONTRIBUTING CAUSE		P.M. 1							
AED	21d. INJURY OCCURRED WHILE ONOT WHILE	Cres	ACE OF INJURY (AT HO) ET, FACTORY, FARM, ETC.)		OCATION STREET	CITY OR 1	OWN	COUNT	TY.	STATE
~	AT WORK AT WORK						5-21-67	1.51	2,8	
	22a I certify that I taak	harge of the remain	ns described abave, held	an Auta	psy , Inspectio	in X, Inquir	y K, and	ın my apini	an	
	death resulted fram:			Suicide	, Hamicide .	Undetermined				
	4.	". X V	30		TITLE (SPECIFY)					
	SIGNATURE /	MIS	Loonge	4	Deputy	MEDICAL EXA	MINER	DATE SIGNED	6/2/19	83
	//	/	11/)						
	(TYPE OF PRINT)	usto P. P	Rodringez, T	D.	ADDRESS 5009 I	Rayburn C	t., Tem	ple H	ills,	Md.
23a 1	SURIAL, CREMATION, REMOV				OR CREMATORY	23d LOCATION		COUNTY		HATE. 7
	Burial	6-5-83		Nati	onal Cem.		and, P		_	Land
24. 1	UNERAL DIRECT Robt	E Wilhe	lm 4308	Suitla	and 250 DATE	REC'D. BY REGISTI	AR Th. REGIST	RAR'S SIG	NATURE	
	uneral Home		l., Suitla	nd. Me	d. JUN	7 1983	John	Je Co	will	1

STATE OF MARYLAND

Valid ... of unity

ger to	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 3	6972	
m.e		EASED NAME FIRST	MIDDLE	CAST	26. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 7:45p	
nay be page 3		Raymond	Frederick	SPENCER	June 15, 1983	^	M
e 4 may tar, pag	3. SEX	Male	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR 1907	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	-
neral dire	CC	THPLACE (STATE OR FOREIGN DUNTRY) ALTON Md.	76 CITIZEN OF WHAT COUNTRY		A BALTIMORE CITY OR COUNT	YOFDEATH 'S County	-
PMD ors after do	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI DOCTORS HOSP IT	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L PRESSMAN	12b. KIND OF BUSINESS OR	NC,
MARYLAND 21201 Sed to PM ed within 24 hours ond 2 sho de anorm promothe A	13a, ST	THER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c, CITY OR TON	VN 134. INSIDE CITY LIMITS?	13. STREET ADDRESS C-15 Holiday Es	TATE 20794	_
as a	G		ENCER	FLORE		NTINE	
rele execute on and of the control o		AS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 220-20	-1384 MRS. BARBA	GRASDENCER JESS	HOLIDAY ESTATE	14
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI "Medical Examiner notified – NG PHYSICIAN: The low requires that the death certificate outending physicion. Ifter this certificate has been signed by the attending physici os the burial-transit permit. Then please remove carbon pape th and Mental Hygiene prior to burial, cremation, or removal, orked at them 18 steer carry injury, or other traumatic event, th	CAL CERTIFICATION	PART I. DEATH WAS CAUSE 5 71 2 IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE ON DITTORY CONTRIBUTION FOR WHICH	DEATH BUT NOT JEW SERFORMED	200 AUTOPSY? 200 IF YE VES NO NO NOTE: VES NO NO NO NOTE: VES NO		
Medi. TO HOSPITAL OR ATTENDING PHY retained by the hospital or attending TO FUNERAL DIRECTOR. After this should be detached for use as the by with the State Dept. of Health and M with the State Dept. at Health and M		WHILE NOT WHILE 220.1 certify that (1) (this hospit	tal) attended the deceased from	FARM ETC.) STREET 1	on death occurred on the date and ha	our and from the couses stated 22c. DATE SIGNED	33
	[5]	JRIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMERRY OR CREMATOR	Y 23d. LOCATION	COUNTY ASTALE	=
BP	CA 24 FUR	NERMONICION O	JUNE 18,1983 G	REENMOUNI	BALTIMERE OATE REC'D. BY REGISTRAR 256 AEGIS	TRAR'S SIGNATURE	_
DHMH - 16 50M 4/82 (VRA 15, 4)		J. Walter Son	blus 5444 DRESY		UN201983 Joa	mg Coming	



	1. DE	STATE REGISTRAR CEASED NAME OR PRINT)	FIRST		DEPARTMENT OF H DICAL EXAMINE		FICATE O	2g. D	DATE KNOWN		DAY YEAR	26. HOUR
RS:	(11)	E OR PRINT)	Bang	aern	nmn	Srisat	tta	DI	OF ESTI-	□ 6/2	24/839	M
STREET	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY				DATE NOUNCED	MONTH	DAY YEA	TO: TO
	Ma.		White		1947 35 YRS	5.			DEAD		24/8319	AM
19	FC FC	RTHPLACE (ST		76. CITIZEN OF WI		MARRIED 🔀		DU	ALTIMORE CIT	-		
Į.		nailand		Thailar	PITAL NURSING HOME.	WIDOWED	DIVORCE		Prince		S COUR	
O	H;	yattsv	ille	18129 15	th Ave. Apt.	103	TOTION	FOR MOST	of working life) Clerk	TIPE OF WORK	Safewa	TRY
3	130 S	AL RESIDENCE TATE aryland	13b.CO	UNTY	VERESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN S Hyattsv:	13d. INSI	DE CITY LIMITS?	13. STREET / 8129	ADDRESS 15th A	venue	#103 2	0783
4		Pratou	in	MIDDLE	Srisatt	a :	THER'S MAIDER	NAME	MIDDLE		VKNOWN	
1	16a. V	ES NO. OR UNKNO	DEVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY		DRMANT		ADDRE			
		No		anly ane cause per line	578-72-60	70 Mi	chelle	A. Sr	isatta	Same		-e
			ns, if any, wh	ich	AS A CONSEQUENCE O							
	ATION	gave rii cause (a) lying cau	se to immedi stating the <u>und</u> se last.	orte (b) DUE TO, OR (c) ONS CONTRIBUTING TO DEATN	AS A CONSEQUENCE OF	F IAL DISEASE OR CONDI		T 1 (g).			20 AUTOPS	Y?
	TIFICATION	gave ris cause (a) lying cau	se to immedi stating the <u>und</u> se last.	orte (b) DUE TO, OR (c) ONS CONTRIBUTING TO DEATN	AS A CONSEQUENCE OF	F IAL DISEASE OR CONDI		T 1 (a).			20 AUTOPS YES D	
	ICAL CERTIFICATION	gave ricause (a) lying cau PART 2 OTNER SI 19a. DATE OF ZIG EXTERNA UNDERLYING CONTRIBUTIO	e to immedistating the und se lost. CONFICANT CONDITION OPERATION IL CAUSE WAS OR G CAUSE C	ONS CONTRIBUTING TO OCATM 196. CONDI 216. TIME OI HOUR A.M P.M	AS A CONSEQUENCE OF THE TERMIN TO THE T	F NAL DISEASE OR CONDI ATION WAS PERF	ORMED?		RE OF INJURY IN ITEM	18 PART 1 OR P.	YES D	
^^	MEDICAL CERTIFICATION	gave riccouse (a) lying cau PART 2 OTHER SI 190. DATE OF ZIO EXTERNA UNDERLYING CONTRIBUTI	e to immedistating the und se lost. CONFICANT CONDITION OPERATION IL CAUSE WAS OR G CAUSE C	ONS CONTRIBUTING TO DEATH 21b. TIME OF HOUR A.M. DF DEATH 19b. PLACE 19c. TIME OF DEATH 21b. TIME OF DEATH	AS A CONSEQUENCE OF THE TERMINATION FOR WHICH OPERA	F NAL DISEASE OR CONDI	ORMED?) (ENTER NATUR	RE OF INJURY IN ITEM Y OR TOWN		YES D	
1 3		gave ricause (a) lying cau PART 2 OTNER SI 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTII 21d INJURY C WHILE AT WORK	OPERATION COLCURRED NOT WHILE AT WORK Typical track characters The immediate of the control	ONS CONTRIBUTING TO DEATH 21b. TIME OF HOUR A.M. DF DEATH 19b. PLACE 19c. TIME OF DEATH 21b. TIME OF DEATH	AS A CONSEQUENCE OF THE TERMIN TO THE TERMIN TION FOR WHICH OPERAL TO THE TERMIN THE TERMIN TO THE TERMIN THE THE TERMIN THE TERM	F TION WAS PERF 21c. HOW INJU 21f. LOCATION STREET Autopsy X.	ORMED?	CIT Undetermin	Y OR TOWN nquiry ,		YES ()	NO [
123		gave ricause (a) lying cau PARI 2 OTNER SI 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 22a. I certit death results	OPERATION CAUSE WAS GOOGLOGE OCCURRED NOT WHILE AT WORK Ty that I tack ched from: Note in immediate in	ONS CONTRIBUTING TO DEATH 196 CONDI 196 CONDI 216 TIME OI HOUR A.M 216 PLACE STREET, FAC	AS A CONSEQUENCE OF THE TERMIN TO THE TERMIN TION FOR WHICH OPERAL TO THE TERMIN THE TERMIN TO THE TERMIN THE THE TERMIN THE TERM	TION WAS PERF 216. HOW INJU 216. LOCATION STREET Autopsy X, ide , Ho TITLI A.S.	Inspection micide , E (SPECIFY) SSistan	CIT Undetermin	Y OR IOWN Oquiry , ned manner .	and in my a	YES () DUNTY DUNTY DED 6/2	STATE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR PRINT 8:15 STROHECKER VERLANDER JUNE 23 1983 HAZEL 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 ME 3 SEX July 21. 1890 Female Caucasian 93 70. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Louisiana Prince George's DIVORCED XX WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 LISUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Lanham Doctors' Hospital of Pr. Geo. Co Secretary Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, OVER RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Frince Georges Maryland Largo Largo Rd YES X NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Verlander Cutler Harreet ADDRESS Munger Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN 578-07-1668 Bethlehem, Connecticut no Jeanne Patterson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), ond (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from 6.27 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 6/23/83 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS CIRO A. MONTANEZ, M.D. 3308 Dodge Park ROad, Landover, Md. 20785 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE June 24 1983 Ft. Lincoln Cemetery Cremation Brentwood, Maryland

16000 Annapolis Rd.

Bowie, Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

Beall Funeral Home

A TOTAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART Mid S. Orongest and the second of the little to Andrew Constant Const Royal Surgers Con Markette Holland Con Surgers FOR STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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								REG. 1			
		CEASED NAME	FIRST	N	AIDDLE		AST	20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
1			Phil		М.		Sutphin	June 14,			4:15 AM
	3. SE	Male		4 RACE Whit		5. DATE C	16°, 191°8	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
A	70 BI	IRTHPLACE (STATE OR FO	201.64		WHAT COUNTRY?		. 10, 1910		YRS		
3		Virginia	OREIGN	U.S.A		MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
		ITY OR TOWN OF DEA	TH			WIDOWE	DROTHER INSTITUTION	Prince G			MD.
7	1	Laurel		Greater	Laurel I	ADDRESS) Beltsv	ville Hospital	Contract	Spe	industry C Dep	
ř	Ma		P G	OTHER INSTITUTION	Laurel		13d. INSIDE CITY LIMITS?	9308 Mon	tpel	ier Dr	. 20708
7		ATHER'S NAME	,	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			1.45	v
()		William	Pl	nillip	Sutph	in	Mary	Agne		Leng	gley
1		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDI	RESS		
	Y	es no or unknown)	Kor	and	577-09	-4389	Esther M.	Sutphin	same	e as #1	L3
The state of the s	N	Conditions, if any, gove rise to imm cause (0), stoting underlying cause	which ediote the lost.	DUE TO, OR DUE TO, OR (b) DUE TO, OR	AFDIAC AS A CONSEQUE Me as A CONSEQUE	ARP ENCE OF	EST Coccinon		NDITION G		MATE INTERVAL ONSET AND DEATH
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDIN	NGS USED OF DEATH?
_	RTI	21g. ACCIDENT WAS UNDE		21b TIME OF	The Little By			YES NO		ES 🗌	NO 🗆
1	CAL CI	OR CONTRIBUTING C	AUSE OF DEA		A. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRI	E	21e PLACE C	OF INJURY SET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		22a. l certify that (l) (saw the deceased above, (l) (we)	d alive an	July	e / 3 19 9		ecbes, 19 1916 and that in (my) (our) opinion of		14 date and ho	, 19 .83 , our and fram the	thot (I) (we) last causes stated
		226 SIGNATURE	dry	Ali	Tarres	n U	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN [6/1	SIGNED 14/83
		W-	E (TYPE OF	War	rheN		321 Ru	nes Coas	-57	laine	el, ho
	23a. B	URIAL, CREMATION, R SPECIFY) Burial	EMOVAL	6/17/	/83 G	eorge	EMETERY OR CREMATORY Washingtor Emetery	23d LOCATION CITY OR TOWN Adelphi	Р	·G · Co	STATE Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

FUNERAL HOME, INC **** Sandy Spring Rd. Laurel Md. 20707

JUN 151983

Gton Adelphi P.G.Co. Md.

Comment of the commen The 184 As and 186 and 1867 Williams House My CHARLES

		FOR		DEDADTA		E OF MARYLAN EALTH AND ME		ENE R 3	-	6 9	7 6
	11-	STATE REGISTRAR		PEFANIA		ICATE OF DE		REG. NO			
	1. DE	CEASED NAME FIRST		MIDDLE	L	AST	C-1445			AY YEAR	2b. HOUR
9	ITYPE	E OR PRINT)	GNES	D.	TALBO	TT			06-07-	-83	10:05P
	3. SE	X	4. RACE		5. DATE C	- 71	VEAR	6. AGE IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HR
		emale		ite	04+	őĩ	93	90	YRS.		
24	70. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIEI	NEVER MA	RRIED -	9. BALTIMORE CITY O			
<u></u>		aryland		SA HOSPITAL, NURSIN	WIDOWE		ORCED	PRINCE GEOF			F BUSINESS C
0	CH	JEVERLY	PRINCE	CEORGE VS	NURSI	NG CARE	CTR.	Retired	F WORKING LIFE	INDUSTRY	
3	USU. 13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. COI	OR OTHER INSTITUTION	13c. CITY OR TOW	N	134 INSIDECITY		130. STREET ADDRESS		2074	
10	14. F/	Md.	G	Ritchi	Le	YES NOTHER'S A	AAIDEN NAA	8805 Rit	chie	Road	Spur.
10		John	Suit	Ritch	nie	FIR		Anna		Sween	
		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU				ames Park	\$\$	Westl	_
medic	- (YES, NO OR UNKNOWN) (IF YES O	IVE WAR OR DATES)	578-24-	-0699	Doris	M. P	attison,	Daugh		Ohio
t, the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE	only one cause per	line for (a), (b), and	d (c).	2				BE AL AL AL	A STAB BEATI
even			ATE CAUSE (0)	Nat	wal	Course	17		1080		
notic		7999	DUE TO, O	R AS A CONSEQUE	NCE OF					1-1018	
trour		Conditions, if ony, which gove rise to immediate	(b)								
other	18	couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF						
ō		PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 140	
injory.	NO										
oux	IFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	MED	20a AUTOPSY?	20h. IF YES,	, WERE FINDIN	GS USED
4	CERTIF		500				4	YES NOT	YES		NO 🗆
08 Sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJU	IRY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PA	RT 1 OR PART 2)	
or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	211 LOCATION		1130111 1301			
	MEC	21d. INJURY OCCURRED WHILE NOT WHILE		REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	10.00	CITY OR TO	WN	COUNTY	STATE
mork	E	220.1 certify that (I) (this has	nital) attended th	e deceased from	11-	30	10 8 2	- 10 6-7	1	0 83	that (1) (we) la
21 is	O	sow the deceased alive of	6-7	19	7.3. on	d that in (my) (o	ur) opinion o	eoth occurred on the de	ote and haur		1 .
E	0	obove, (I) (we) (did) (did : 22b. SIGNATURE	not) view the body	offer death,		DEGREE				22c. DATE	SIGNED
= /		Lama	Colu	lews	- 1	ATT PH	TENDING TYSICIAN	MEDICAL STAT	IAN	6-	7-13
IMPORTANT: #	13	220 PHYSICIAN'S NAME LIVE	OR PRINT)	The same		220 ADDRESS	0	10	11 .	11	
Š /		JAMES E.	Julliv	An		TRIN	ce pa	PESES PEN	150202	FA /	
5	23a. E	BURIAL, CREMATION, REMOVA				EMETERY OR CR		23d. LOCATION		COUNTY	STATE
_		Burial	6-13-		iphar	y Ch.	Cem.	Foresty		PG.	Md.
4/82		UNERAL DIRECTOR Robt	E Wil	helm 43	308 S	uitlan	d 25a. DATI	REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATI	
4)	F	uneral Home	Rd.	Suitla	ind.	Md.	JUN .	1 3 1093	he	2. Calu	ula

Out Bon bridger - Committee and

injury, or other froumatic event the

APORTANT: If them 21 is morked or them 18 shows

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 9

100	REGISTRAR				CENTIL	TCATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH		YEAR	26 HOUR
(11)		Upheus		E.	Tave	nner	Ju	ne 30	. 1983	4:50 pm
3. SE	X		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THOAY) IF	FUNDER I YEAR	IF UNDER 24 HRS
M	ALR		WHITE		May	1, 1897 YEAR	86	YRS.	ONTHS DAYS	HOURS MIN.
a. B	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D MEVER MARRIED	9 BALTIMORE CITY Q		F DEATH	
۷i	rginia		U.S.	A.	WIDOWE		Prince G	eorge's	5	MD.
0 C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATI			OF BUSINESS OR
	iverdale		Leland	Memorial	Hosp:	ital	Carpenter			Gov't.
3a.	AL RESIDENCE (IF N STATE Lryland	13b. COUN	VTY	GIVE RESIDENCE BEFORE	N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 19-R Ridg			- 20770
	ATHER'S NAME		MIDDLE	Tavenner		15. MOTHER'S MAIDEN NA	WE		Thoma	is a
6a \	WAS DECEASED EV	ER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
1	Yes - Army	THE YES GIV	WAR OR DATES)	216-12-	4069	Stella M. Ta	venner Sa	me as 7	#13 (Wife)
7	18 CAUSE OF DE	ATH Enter or	ly one cause per	line far (a), (b), an	dic				BETWEEN	ONSET AND DEATH
	PART I. DEATH		D BY: TE CAUSE (a)	Cartinger	ne st	hoch			das	po
	4100		DUE TO O	R AS A CONSEQUE	NCE OF					
	Conditions, if o		((b)	Aciti m	greend	ral infarction in	the Least block		da	de
	gave rise to cause (a), sto		DUE TO O	R AŞ A CONSEOUL	NCF OF	.0				
	underlying co	use lost.	(c)	otherselin	tre ce	ral infarition en	ure		ye	m
	PART 2 OTHER S	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	V IN PART 1	0
NOU	Such an	no nos	le syndrom					M. T.	CELL	
CERTIFICAT	190 DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO		_	NGS USED S OF DEATH? NO
3	210. ACCIDENT WAS		1100110	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS FAR	T 1 OR PART 2}	
ZA Z	OR CONTRIBUTING	per la company de la company d	1177		19					
MEDICAL	216. INJURY OCC	JRRED	21e. PLACE	OF INJURY	APM STC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT	WHILE WORK								
	22a.1 certify that	(I) (this hospi	fall) ottended th	e deceased from	porter	tely 19_78		. 17		that (I) (me?lost
			t) view the body		, or	nd that in (my) (aum) opinion	death occurred on the de	ate and have a	and from the	couses stated
	226. SIGNATURE	0 10	0.			DEGREE	MEDICAL STAT	e e	22c. DATE	SIGNED
		Byn D.	. Johnso	~		ATTENDING PHYSICIAN	MEDICAL STAI		July	y 1, 1983
	224. PHYSICIAN'S		OR PUINT)			22e ADDRESS	46			
			son, M.D			4404 Queensh		Riverda	le,Md	20737
13a 1	BURIAL, CREMATIC					EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Buri	al	July5	.1983 F	t. Lin	coln Cemeter	V Brentwoo	a P.	G M	faryland

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyatts. Md.

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STATE OF MARYLAND

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BP. DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

	CEASED NAME	FIRST		WIDDLE	ı	LAST	20. DATE OF D	EATH	MONTH	DAY	YE AR	26. HOUR
11.021	E OR PRINT)	EDWAR	RD	G	TE	RRY			06	27	83	12:3
3 SE	×	4	RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIR	THDAY}	MON.	NDER I YEAR	IF UNDER
N	Male		Black		MONTH 7	18 04	79		YR		INS DAYS	HOURS
70. B	IRTHPLACE (STATE C	OR FOREIGN 71	L CITIZEN O	WHAT COUNTR	Y? 8	D NEVER WARRIED [9 BALTIMOR	E CITY O	R COU	NTY OF	DEATH	
	country)	D. 7.	U.S.	1	WIDOWE	D & NEVER MARRIED DIVORCED	PRIN	ICE G	FOR	OFC.		
	ITY OR TOWN OF D		1. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120 USUAL O	CCUPATI	ON		126. KIND (OF BUSINE
C	HEVERLY	F	PRINCE	GFORGES	GFNFR	AL HOSPITAL	Truck	Dri	er Ver	G LIFE)	US P	ostal
	AL RESIDENCE (IF N	JRSING HOME OR O	THER INSTITUTIO	N. GIVE RESIDENCE BEF	ORE ADMISSION		1					
	STATE MD	Prince	e Geor	ges Palm	er PK	13d. INSIDE CITY LIMITS?	7614 03		Dog	a		20785
	ATHER'S NAME	p / 0/100	0001	950 - 60-110		15. MOTHER'S MAIDEN NA		GIIBLEIV	nou	<i>-</i>		20700
	FIRST	M	IDOLE	Terry		Mary		MIDDLE		(un)	enown	7
lán V	James WAS DECEASED EVI	ER IN U.S. ARM	ED FORCES?		CURITY NO	17 INFORMANT		ADDRE		1 001 01		
	(YES, NO OR UNKNOWN)		WAR OR DATES	578-05		Mary D. Beni		7614				
-	No					mar g D. Derti	Po	lme	r Pa	rk,	WATER-9-	20785
	18 CAUSE OF DEA	WAS CAUSED	one couse p	De for militing	Ti boo	7.1	1				BETWEEN	ONSET AND
	11411	IMMEDIATE		Despu	ajor	y Janen	le .				CW	ionic
	4.710		DUE TO 1	OR AS A DONSEC	HENCE OF	1				100	1)
					DENCE							
18	Conditions, if a		(16)	Ker	ral	Failure			14		ex	non
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		mmediate ting the	(6)_	SRAS A CONSEC	ral	Failure Aortice 6	Fnere	101	4 ~		4	14/
	gove rise to i couse (a), sto underlying cou	mmediate ting the use last	(c)	SRAS A CONSECUTION	ral DUENCE OF TILL	Failure Aostric for NOT RELATED TO THE TERM	Ener	OR COM	y n BITION	GIVEN	LA IN PART II	14/
NO	gove rise to i couse (a), sto underlying cou	mmediate ting the use last	(b)_ DUE TO.	SRAS A CONSECUTION	ral DUENCE OF TILL	Failure Aortic A NOT RELATED TO THE TERM	Ener	OR COM	2 noition	GIVEN	IN PART 1	14/
ATION	gove rise to i couse (a), sto underlying cou	mmediate ting the use last	DUE TO	OR) AS A CONSECUTIVE TO CONTRIBUTING TO	DUENCE OF WYLL	Failure Antic A NOT RELATED TO THE TERM ON WAS PERFORMED	ANAL DISEASE		20b. IF	YES, W	ERE FINDI	NGS USED
IFICATION	gove rise to it couse (a), sto underlying cou	mmediate ting the use last	DUE TO	OR) AS A CONSECUTIVE TO CONTRIBUTING TO	DUENCE OF WYLL		20a AUTOP	SY?	20b. IF	YES, W	ERE FINDI	NGS USED
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AL CERTIFICATION	gove rise to i couse (a), sto underlying counderlying counderlying counderlying COUNTERS I 19a DATE OF OPER 21a, ACCIDENT WAS I OR CONTRIBUTING	mmediate ting the see lost GNIFICANT CO	DNDITIONS O	ORAS A CONSECUTIVE TO THE CONTRIBUTING THE CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTE	DUENCE OF THE PROPERTY OF THE	N WAS PERFORMED	20a AUTOP	NO [20b. IF IN CEI	YES, W RTIFYIN YES	ERE FINDI G CAUSES	NGS USED
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	1 -	STATE REGISTRAR			DEFAKI		EALTH AND MENTAL HYG ICATE OF DEATH			
		CEASED NAME FI	IRST	M	IDDLE	L	AST	REG. NO. 20 DATE OF DEATH MONT	H DAY YEAR	26 HOUR
100	(TYPE	OR PRINT)	nes	Ma	У	Tho	mpson	June 27,19	83	4:30AM
340	3. SEX	X		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
		Female		Whit	е	Jul			YRS.	HOURS MIN.
25		RTHPLACE (STATE OR FOREK	3N	16 CITIZEN OF V	VHAT COUNTRY	MARRIE:	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
2	10 CI	Maryland ITY OR TOWN OF DEATH		U.S		WIDOWE	DIVORCED DIVORCED	Prince G		MD.
6				(IF NOT IN SUCH	FACILITY, GIVE STREET	T ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY	
P. Gor		Clinton AL RESIDENCE LIENURSING	HOME OR				. Center	Homemaker		Home
35	13a S	AL RESIDENCE (IF NURSING TATE			Indian		13d INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 4	IP:20640	
	14 FA	THER'S NAME	liai	169	Indiam	neau	YES NO X		Flace	
40	J	ames		ert	King	a	Annie	MIDDLE	Calla	han
	160 V	VAS DECEASED EVER IN I	U.S. AR/	MED FORCES?	166 SOCIAL SEC	2	17 INFORMANT	ADDRESSR		×74-G
X	(1	(IF	YES, GIVE	WAR OR DATES)	213-74	-1100	Chas. Thor	2 6		0675
		18 CAUSE OF DEATH	nter an	y ane cause per						KIMATE INTERVAL LONSET AND DEATH
		PART I. DEATH WAS		E CAUSE (a)_	Cardi-	6 9	rrhythm	19	Ins	trut
		4147		DUE TO, OR	AS A CONSEOU	ENCE OF	1	1		
	-	Canditians, if any, who gave rise to immedi		(b)_C	oron	914	grtery o	1.5298	2×	<u></u>
	83	cause (a), stating	the ast.	DUE TO, OR	AS A CONSEQU	IENCE OF				
				(c)	NITPIRITING TO	DEATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OR CONDITIO	ANI GIVEN IN BART I	(2)
	NO	1 460 4	Jan .		react	fa	lure as	or tile in sid	ficience	
7	CERTIFICATION	190 DATE OF OPERATION	N	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIND II	NGS USED
×	TIFIC							YES NO	YES [NO [
0		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		216. TIME OF	A. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICALE)	(AMINER)	۸.۹	۸.	19				
	MED	21d. INJURY OCCURRED WHILE NOT WHILE		21e. PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	_			Tung	// 93	711607	7 0 3	
		22a.1 certify that () (the saw the deceased a abave, () (we) (did),	is haspit	June	26 19		nd that in (mg) (our) apinian	death accurred on the date or		that (f) (iii) lost
		abave, (1)(we) (did), 22b. SIGNATURE	did na	view the bady o	after death.		DEGREE			E/SIGNED /
	19	Rmald		L	- ml	2 1	ATTENDING PHYSICIAN D	MEDICAL STAFF	_ //-	27/83
1		224 PHYSICIAN'S NAME	(TYPE OF	PRINT)			27e ADDRESS			
/		Ronald	L	andm	59/1	2	9440 Penn	sylvanishe.	Upper Ma	Moradle
	23a. B	BURIAL, CREMATION, REA	MOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
-		Burial		6-29	-83 T	rini		densWaldorf		d
	0.25	UNERAL DIRECTOR			ADDRESS	17.7	25a. DATI		EGISTRAR'S SIGNAT	TURE
	Aı	rehart Fun	era	1 Home	.Inc.	La Pl	ata, Md. JU	L 1 1983 /	unga la	mey

DHMH - 16 50M 7/77 (VR A 15 (4))

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P	A	RTMENT	OF	HE	ALTH	AND	MENTA

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q	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	REG. NO		6 7	5 4
		CEASED NAME FIRST	M	DDLE	· L	A51	Ze. DATE O			DAY YEAR	2b. HOUR
	(TYPE	ROBER	RT	E.	TH	IOMPSON	14.11		06-08	-83	6:00AM
	3. SE>		4. RACE		5. DATE C		6. AGE (IN)	YEARS LAST BIRTI		IF UNDER 1 YEAR	
1	1	Male	White		Apri	1 16, 1908	75		YRS.	MONTHS DAYS	HOURS MIN.
K		RTHPLACE (STATE OR FOREIGN COUNTRY ASSISTED D.C.	76. CITIZEN OF V	VHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D		NCE G	COUNTY		MD
14	10. CI	TY OR TOWN OF DEATH CHEVERLY	11. NAME OF H	OSPITAL, NURSIN	G HOME C	RAL HOSPITAL		OCCUPATION MOST OF		12b. KIND INDUSTRY Con	of Business or tractor
ク	130. S	Maryland Prin		136. CITY OR TOWN Landove	N	13d. INSIDE CITY LIMITS?		4111104	_	ode - er St	20785 reet
d	14 FA	William F	C. Th	ompson		Bessie	ME	WIDDLE		Unknow	nst
/	16a. W	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	217 05 3		Elsie M. Tho	mpson	Same	as #:		ife)
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per l ED BY. TE CAUSE (0)	CORON		HEART.	DISE	KE		BETWEEN	YEARS
		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUE		IE HEART	FAIL	ure		2	WEEK
i	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO C	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	SE OR COND	ITION GIV	EN IN PART 1	(0)
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED			WERE FINDINGS USED YING CAUSES OF DEATH?		
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	IN ITEM 18 P	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE C (AT HOME, STRE	OF INJURY SET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
		22a.1 certify that (1) (this had, sow the deceased alive or above, (1) (**********************************	6-	7 19 8	3 , or	nd that in (my) (and opinion	death accurre	ed on the do	te and hou	r ond from th	, that (1) (lost e couses stated
8		22b. SIGNATU V	nce A	atur	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F AN		8-83
1		22d PHYSICIAN'S NAME (TYPE Lawrence Sa	tin, M.I			5711 Sarvis	a Ave.	Rive	rdale	, Mar	yland
		BURIAL, CREMATION, REMOVA	23b. DATE 6/11/8			emetery or crematory 1 Mem. Pk. Ce	m. Fal	ls Ch			Virginia
	PT	ancis Gasch's	Sons Fun	eral Hom	e, P.	250. 91	JN 13	RE 1983 R	Sb. REGIST	RAR'S SIONA	Chulf.

Hvattsville, Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

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		Some Foundation,	

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

REGISTRAR LAST 20. DATE OF DEATH MONTH DECEASED NAME FIRST TYPE OR PRINT) John TRUMBULL CLAYTON 3. SEX 4. RACE 5. DATE OF BIRTH MONTH Male Cau. 1925 May 8.

6/7/83 6. AGE (IN YEARS LAST BIRTHDAY)

58

YEAR IF UNDER 1 YEAR

6:35P IF UNDER 24 HRS

26. HOUR

To. BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? CounTRY)

U.S.A.

MARRIED NEVER MARRIED WIDOWED DIVORCED

9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE COUNTY. 120. USUAL OCCUPATION

12b. KIND OF BUSINESS OR

CLINTON

10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTHERN MARYLAND HOSPITAL USUAL RESIDENCE (IF NURS IN INFO OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

UNITY

137. CITY OR TOWN COUNTY

13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Lothian NO TX

(TYPE OF WORK FOR MOST OF WORKING LIFE) Asst. Manager 130 STREET ADDRESS 308 Berts Drive 20711

Credit Cards

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1/27 79125

Marvlanc 14 FATHER'S NAME

Clifford

[rumbul] 166 SOCIAL SECURITY NO.

15. MOTHER'S MAIDEN NAME Dorothy

MIDDLE

Elliott

Relph YES NO OR UNKNOWN)

16g, WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Korean

saw the deceased alive an deceased alive and deceased alive and view the bady after death

206-18-8322 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

17. INFORMANT

ADDRESS

Lorraine A. Trumbull same as

IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating underlying cause

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

DUF TO, OR AS A CONSEQUENCE OF

ara

20a AUTOPSY?

105/05:

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

YES T

CERTIFICATION 19a DATE OF OPERATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

P.M

21e. PLACE OF INJURY

HOUR A.M.

JUNE

MONTH DAY YEAR

19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211. LOCATION

22s. ADDRESS

DEGREE

NOF

CITY OR TOWN

, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

DIRECTOR PHYSICIAN

STATE

NO F

21d. INJURY OCCURRED

NOT WHILE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF FITHER NOTIFY MEDICAL EXAMINER)

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 22a. | certify that (1) (this hospital) attended the deceased from_

ATTENDING &

PHYSICIAN

JUNE

COUNTY

22c. D

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

BP

(VRA 15, 4)

24. FUNERAL DIRECTOR DHMH - 16 50M 4/82

23a. BURIAL CREMATION REMOVAL

22b SIGNATUR

Burial

6-10-83

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Md. Vet. Cemetery

23d. LOCATION Cheltenham, P.G.

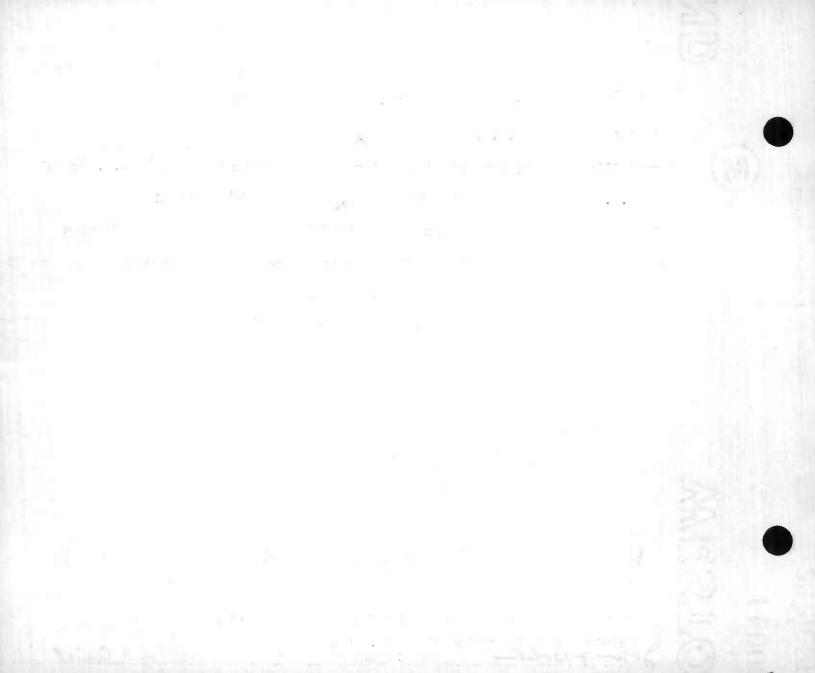
MEDICAL

Huntt Funeral Home, Waldorf, Maryland

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Edelun		affetel	Parmer		
Page malaine		d defrant	224-76-9392		

STATE OF MARYLAND



FOR - STATE

(VRA 15, 4)

REGISTRAR

9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own home 13509 Annapolis Road Poula same as PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes tated 6/30/83 DIRECTOR PHYSICIAN 20715 6911 Laurel Bowie Road, Apt. 209 Bowie, MD. Brentwood, Marvland 250 DATE REC'D. BY REGISTRAP 250. REGISTRAP'S S 24. FUNERAL DIRECTOR Annapolis Rd. DHMH - 16 50M 4/82 Bowie, Maryland Beall Funeral Hom

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

1983

IF UNDER 1 YEAR

DAYS

2b. HOUR

11:40

IF UNDER 24 HR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME 20 DATE KNOWN TO MONTH 7h HOUR LTYPE OR PRINTS ESTI-D THE FUNERAL DIVECTOR.
PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
S, 201 W. PRESTON STREET, DEATH MATED 12 19 83 David Wesley Tyler 1 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR YEAR AST BIRTHDAY) :30F 04-27-67 PRONOUNCED Male. White 16 DEAD 12 1983 Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Florida Florida USA WIDOWED DIVORCED Prince George's County D CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 12h. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Prince George's General Hospital Cheverly USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince George 13d INSIDE CITY LIMITS? Bowie Shelter Lane Maryland YES X NO 1 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME M. MIDDLE McDonald Tyler Ga.i David 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 402-94-1724 David J. Tyler (same as 13e) no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio cerebral trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOURXAND MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 10 . 4 7.M. 1 19 83 Subject fell off trunk of auto in motion 6 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION EKECUTE THE CERTIFICATE, WRITE PROG 4 STADLID BE FORWARDED TO FUNERAL DIRECTOR, PACE 3 AFTER DEATH, WITH THE STATE DE BALLTROOPE, MARYLAND, 21 201 F FARM, ETC.) STATE WHILE AT WORK Shadow & Shield Lanes. Bowie. MD. and in my opinion 22a I certify that I took charge Inquiry Swicide Homicide Undetermined manner deoth resulted from TITLE (SPECIFY) ACTUAL M.D. Deputy Chiefedical ExaminER SIGNATURE EXAMINER'S NAME ADDRESS III Penn St. Thomas D. Smith, M.D. Balto., MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL, CREMATION, REMOVAL 23b DATE Lake Wales, Polk, Florida Burial 6-17-83 Lake Wales Cemetery BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Home, 16000 Anna. Rd., Bowie, Md. (VR A15 ME (5)) 20M 4/82

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442:8 FURT , 17 1915 antifylication by N.S. Jenchostiv TALES. .0 7 1 1/02 rince works erentilla la la company de la contany trinos contes Pt. Washington's 2509 Allentown id. Figher, Sr. | somi der meetanlik core 213-60-710 Louise V. Cadarwood Ff. Mantington, Mc. 6/20/83 Countrollen Celetary Clinton in. Det. Marking Seems F. Kalas 6160 (gos Hill Pd. Cron Hill, Me. FOR

REGISTRAR DECEASED NAME

FIRST

- STATE

TYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEA

Voigt

5. DATE OF BIRTH

WIDOWED

Sept. 6, 19

MARRIED A NEVER MA

ICATE OF DEATH	REG. NO.		
gt	June 22, 1983	DAY YEAR	26. HOUR 6:20a
F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
6, 1914 ^{AR}	68 YR	MONTHS DAYS	HOURS MIN.
DE NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF COUNT	te Count	У м
OR OTHER INSTITUTION	120 USUAL OCCUPATION (17P CT 10P GP MOST Q WORK)	G LIFE) INDUSTRY Scho	decusiness of
13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Zip 33-Q Ridge Roa	Code - 2	20770
15. MOTHER'S MAIDEN NAME Rena FIRST	WE	Clark	.51
Otto C. Voig	t Same as #13	(Husband	1)
hore		APPROI BETWEEN 122	XIMATE INTERVAL LONSET AND DEATH
lee		60	nen
e une Chifor	men & perseples	24	
NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	10

CONTRIBUTING TO DEATH BUT NOT RELATED T

griblation	262	8606.	chi
Th. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR	21c HOV

12506 16 VINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO X

CITY OF TOWN

20a AUTOPSY?

YES [

IN CERTIFYING CAUSES OF DEATH? NO F

206. IF YES, WERE FINDINGS USED

COUNTY STATE

Rece 21 mm and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated

22c. DATE SIGNED June 22, 1983

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DEGREE

23c, NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

211 LOCATION

STREET

115 Centerway Greenbelt, Maryland 23d LOCATION

24 FUNERAL DIRECTOR

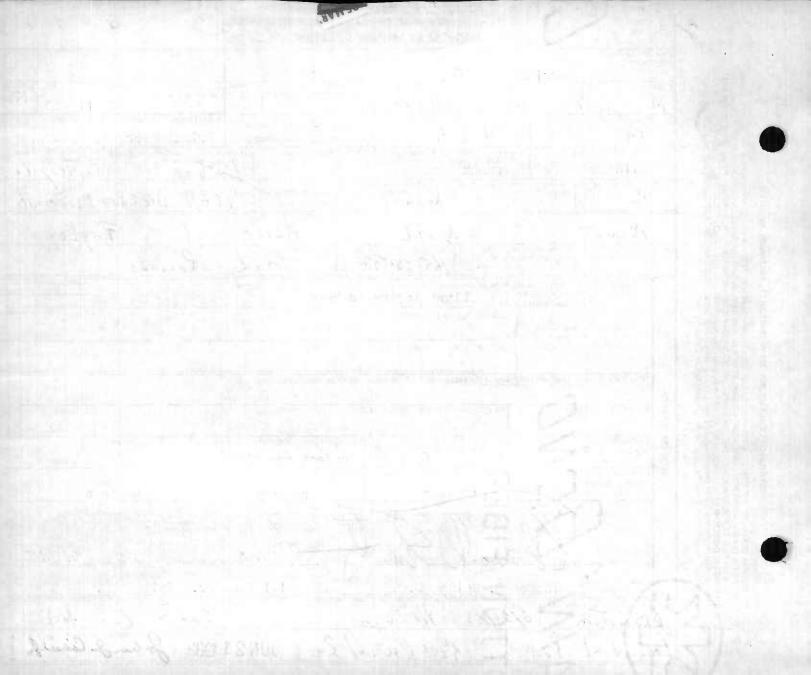
Brentwood P.G. Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

Gasch's Sons F.H. P.A. Hyattsville, Md.

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	DECEASED NAMI	Patric		MIDDLE		vah I	JAIL OI		DATE KN OF E DEATH M	ESTI-	MONTH	DAY	YEAR	2b. HOUR
	M	A RACE	5. DATE OF BIRTH MONTH DAY FEL 28	1955 30		DER 1 YR.	IF UNDER 2 Hours	MIN PRO	DATE DNOUNCE DEAD		MONTH 6		YEAR 1983	2d HOUR 6:15F
11 100	BIRTHPLACE IS		76. CITIZEN OF WA	A	WIDOW		DIVORCE		Princ	e Geo	rge!	s Co	ounty	
20	Clinto	n	Branch	Road Road	ESS)	ier institut	TION		OCCUPAT TO WORKIN		OF WORK	7 OR	DOF BU	
5 US	STAPA	IF IN NURSING HOME OR	OTHER INSTITUTION, GIV Y	13c. PTY OR JOY	7N	T3d INSIDE CIT	NO 🗆	13e STREET	BODRESS.	Deek	PON	Ma	JAM	?K
4	AL DE	75	MIDDLE	WALL		7	R'S MAIDEN		n ⁱ 100		F	Agl	1st ey	
3 160	WAS DECEASED TYES, NO, OR UNKNO	D EVER IN U.S. ARM WN) (IF YES, GIVE W	ED FORCES? PAR OR DATES	165-38	OTH	IT: INFORM	Ton	.42	W	ADDRESS,).			
MEDICAL CERTIFICATION	gove ris couse (o) lying cou	IMMEDIATE us, if ony, which e to immediate stating the under- se lost. SHIEICANT CONDITIONS CO	(b)	AS A CONSEQUEN AS A CONSEQUEN JUI NOT RELATED TO THE	ICE OF	E OR CONDITION	N GIVEN IN PART	1 (a)						
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3 ASDICAL CENT		NG CAUSE OF DE		MONTH DAY	Su Su	bject			JRE OF INJURY	Y IN ITEM 18 PA	ART I OR PAR			,,,,,
AAE	WHILE AT WORK		STREET, FACT	ORY, FARM, ETC		STREET	known	С	ITY OR TOWN	บ	cou ink no	UNIY DW n		STATE
-2	death results ACTUAL SIGNATURE	arfam. frykung	Access Company	D. Gr	Suited	, Homici	y Chie	Undeterm		ner .	DATE	6	5/14/	/83
-				The MID										
230	TYPE OR PRI	NT)INOIN	DAJE		CEMETERY C	ADDRESS_		Penn S		Balto	, MD		A 100	ATE



6		OR STATE				DEPA	RTMEN			ARYLAN AND M		YGIEN	JE J		1 6		9	1
		REGISTRAR			M	EDICA	AL EXA	MINER	R'S C	ERTIFIC	CATEC	OF DEA	ATH	REG.	NO.			
		CEASED NAME	FIRST			MIDDL	Э.		L	AST			20. DATE	KNOWN	MON	TH C	DAY YEAR	2b. HOUR
SE.S.S.	(,	John Mack Wall OF ESTI- DEATH MATED									□ 6	/7	19 83	10:00				
ARY, PLEASE DIRECTOR. DUR FILES. HOURS STREET,	SEX		RACE	5. D/	2 1			E (IN YEARS		DER 1 YR.	IF UNDER		2c. DATE	1050	MONT	TH C	DAY YEAR	2d. HOUR
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重視 7	a BII	RTHPLACE (STA	TE OR	7b C	CITIZEN OF	WHATCO	OUNTRY?	8.	MARRIE	D M NE	VER MARR	IED []	9. BALTIN	ORE CITY	Y OR COL	JNTY	OF DEATH	
SAL		Texas			U.S	.A.			IDOWE		DIVORC		Prin	ce Ge	eorge	t s	Co.	MD.
18 35		Y OR TOWN			VAME OF HE				ROTHE	R INSTITU	TION	120. USL	JAL OCCU	PATION (TYPE OF WO		KIND OF B	USINESS
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11	60. W	'AS DECEASED			ORCES?	16b.	SOCIAL SE	CURITY N	0.	17. INFORA	THAN	1.17	7207	Rayd	SS	+		
	(10	Yes	, , , , , ,	ld W		55	1-24-	0036	100	Rosl	yn Wa	all/		svil'			rland	
F		18. CAUSE OF	DEATH (Enter	anly one	couse per li	ine for (a)), (b), and (c).)	-	-			The res				APPROXIMA	TE INTERVAL ET AND DEATH
		PARTIDEA	TH WAS CAU	ISED BY:	M	yocan	rdial	Infa	rct	ion							BETWEEN ONS	ET AND DEATH
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I, CREMATION, OR REMOVAL			, if ony, whi		(b) H	igh I	31cod	Pres	sure	2								
Z L	3	cause (a) s	toting the und		DUE TO, C	OR AS A	CONSEQUI	ENCE OF		457					10.0			11000
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		PART 2 OTHER SIG	HIFICANT CONDITIO	ONS CONTRI		TH BUT NOT	RELATED TO 1	HE TERMINAL	OISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 (e).						
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	MED	21d. INJURY OF	NOT WHILE	П		ACTORY, FAI	URY (AT H	DME.	Nf. LOC	REET			CITY OR TO	WN		COUNTY	,	STATE
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		220. I certify	that I took ch	orge of th	he remains o	described	abave, hel	don	Autopsy	, [],	Inspectio	n 🗷	Inquiry		ond in my	opinio	on	
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2	30.BL	JRIAL, CREMAT	ON, REMOVA	L 236. DA	ATE	2	3c. NAME	OF CEMET	ERY OR	CREMATO	DRY	23d. LC	ORTOWN		(OUNTY		STATE
		Buria		6/1	0/83		Mary	land	Nat	ional		La	urel				Md	
2	24. FU	NAME NAME NAME	OR Sam	Butle	er Inc	Fu	neral	Home	2				REGISTRA	AR 256. RE	GISTRAR	'S SIGN	VATURE .	0
	T	samusuto	ra on one	sons	/10 K	enne	dy St	, N.	W./	D.C	JU	N 1	5 1983	10	Mu	de	www	78

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FY	1-	STATE				MENT OF HI				-	-		1 0)	7	,	,
		REGISTRAR		WED		EXAMINE	R'S CE	RTIFIC	CATEO	F DEA			. NO.				
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	,	ON FRINTI	Perry		Scot	tt	Wa	tson			DEATH	ESTI- MATED		6	16 19	83	M
	3. SEX		4 RACE	5 DATE OF BIRTH	VEAR	6. AGE (IN YEARS	and the second	R 1 YR.	IF UNDER		2c. DAT		MOI	HTM	OAY	YEAR	2d HOUR
	Ma	ale	Negro	SEPT 28 1	1897	85 YRS.	MONTHS	OAYS	Hours	MIN	PRONOU DEA	D		6	16 19	,83	11 a. M
	70. BI	RTHPLACE (51.	ATE OR	76 CITIZEN OF WH	AT COUN	TRY? 8.	MAPPIED	□ NEV	ER MARRIE	ED []	9 BALTIF	MORE CIT	Y OR CO	YTAUC			
~				USA		1	VIDOWED	-	DIVORCE		Po.	nce	Ga	-86	F3 (Co.	MD
	10. CI	HISTANA	OF DEATH	11. NAME OF HOSE			OR OTHER	INSTITUT	ION	12a USU	AL OCCL	JPATION	(TYPE OF W	ORK I	12b. KIND	OF BUS	SINESS
			hington/	9108 Iva	nhoe	Road				G	OVT	EMP			OR II	,	1
1	USUA 13a. S1	L RESIDENCE	IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE	RESIDENCE I	BEFORE ADMISSION	1136	d. INSIDE CIT	TY LIMITS?	13e STRE	FT ADDR	FSS	2	20	744	F	
1		MD	VH	6		WASH.		YES X				NHOE	RD.		hal.	170	
	14 FA	THER'S NAME		MIDOLE		LACT	15	MOTHE	R'S MAIDEI			MIDDLE			LAS	Y	
1		ED		Millore	WAT	SON	11-5	MA	TTIE			Wilher		GOO	ODLOI		
	16a W	AS DECEASED	DEVER IN U.S. ARM	MED FORCES?		IAL SECURITY N		INFORM	MANT			ADDR	RESS				
	().	S.NOOR UNKNOW	WNI (IF TES, GIVE Y	WAR OR GATES)	NO.	T STATE	D	JEAN	STEV	ENS	910	8 IVA	ANHOE	E RE).		
I		18 CAUSE OF	F DEATH (Enter and	ly one cause per line t	for (a), (b),	, ond (c).)									APPRO	OXIMATE I	INTERVAL AND GEATH
		PARTIDE		BY: TE CAUSE (a) Art			ic ce	rebr	o-car	diov	ascu	lar d	disea	ase	BETWEE	N ONSET	AND GEATH
		437	0			SEQUENCE OF											4
		Candition	s, if ony, which	(b)													
222		cause (a)	e to immediate stating the <u>under</u> -	< 1-7	AS A CON	SEQUENCE OF											
		lying caus	ie last.	(c)													
		PARI 2 OTHER SIG	INIFICANT CONDITIONS C	CONTRIBUTING 10 DEATH B	UT NOT RELAT	TEO TO THE TERMINA	L DISEASE OR	CONDITION	GIVEN IN PAR	T 1 g							
	Z		The second														
	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR V	WHICH OPERAT	ION WAS	PERFORA	MED?		-				20 AUT	TOPSY?	
2	IFIC														YES		NO ZEX
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1		UNDERLYING	OR NG CAUSE OF D	HOUR A.M.	MONTH	DAY YEAR	1977		1	-		10.00					
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	M	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ET	(C.)	STREE	ET			CITY OR TO	NWC		COUN	NTY		STATE
		AT WORK	AT WORK											1			
		22a. I certif	y that I taok charge	e of the remains desc		ve, held an	Autopsy	□.	Inspection	□ ,	Inquiry	XI, _	and in n	my opin	nion		
		death resulte	d from Nature	al couses 🔼.	Accident	L, Suicie	de 🔲,	Hamici	ide 🔲 .	Undete	ermined m	nonner					
		ACTUAL /	Hum	A XX	Les	Mea.		TITLE (SP	PECIFY)				D	ATE	- 12	/12	-00
2		SIGNATURE	Marida.	10 h	run	Jung.	M.D.,	_ Der	puty_	MEDI	CAL EXA	MINER	SI	IGNED	6/1	16/1	983
1		EXAMINER'S 1	NAME AUGUS	to P. Rod	mi but	6 Do		50	000 P	~~·h	n C+	- Т	amnī	a LI	1:17	M	1
		(TYPE OR PRIN	11)		- 67	32.9 W.D.			009 R			- 0 g _ L	embi	e H	1115	, M	a.
D	230.BL	IRIAL, CREMAT	TION, REMOVAL 23	3b. DATE	23c. N	IAME OF CEME	TERY OR C	REMATO	-	23d. LO	CATION			COUNT	TY	1 524	116
8	1	SURIA	<u> </u>	0-25-8	310	ROWN	HIL	L (EM.		ساب	SAG		0	(2)	50	L
	24 PU	NAME DIRECT	TOR	ADDRESS	- 11	ITH C	1.1		150. JUN	20	983	AR DO	- Course		S I WHI LINE		•
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MUNICIPAL SAN DE ORANGE

STATE OF MARYLAND

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Bethesda, Maryland

(VRA 15, 4)

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9013 Anna polis Rh

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b HOUR

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND D

NO [

STATE

20784

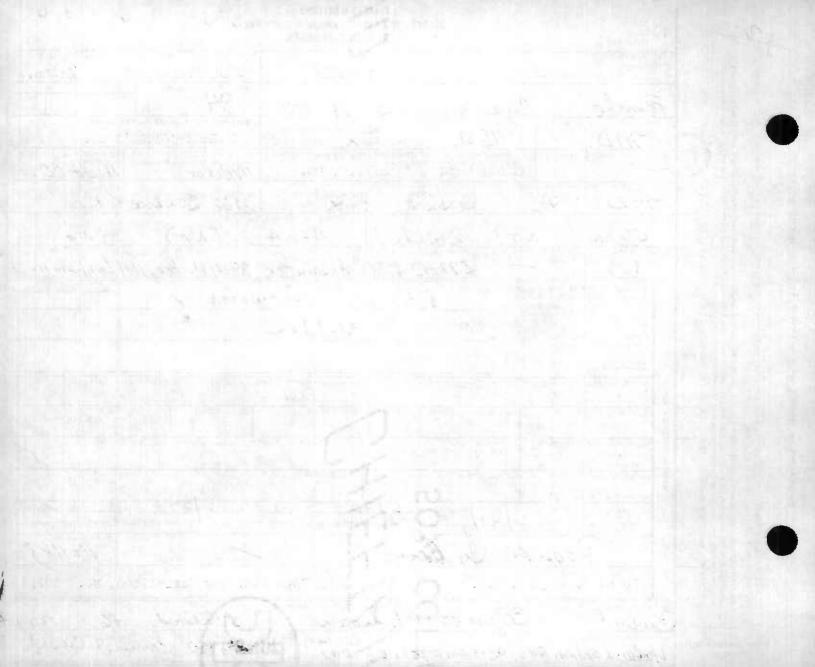
COUNTY

REGISTRAR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

6/27/8

6:40a. M IF UNDER 24 HRS



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1	

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

100	- 1	(2)	43	7	- 4
3	1	0	6		

	REGISTRAK		CERTII	ICATE OF DEATH	REG. NO).		
	ECEASED NAME FIRST	MIDDLE		AST.	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
411		LIZABETH WHITE	7		JUNE 2. 19	200		12.05-4
3 S		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	983 HDAY) IF L	JNDFR I YFAR	12:05pM IF UNDER 24 HRS
F	EMALE	WHITE	DECE	MBER 20, 1912	70	100	THS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUN	TRY? 8.		9 BALTIMORE CITY O	R COUNTY OF	DEATH	
P	ENNSYLVANIA	UNITED STATES		D NEVER MARRIED	PRINCE GEOR			
		11. NAME OF HOSPITAL, NU	11100111		120 USUAL OCCUPATION			MD.
A		MALCOLM GROW	STREET ADDRESS)	CONTRACTOR OF THE ACT	SUPERVISOR	WORKING LIFE)	INDUSTRY !	SERVICE L FOOD
USI	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	DICAL CENTER	SOI ERVISOR		SCHOO	L FOOD
M	ARYLAND PRINC	E GEORG CORAL	HILLS	YES NO X	13e STREET ADDRESS 4603 OMAHA	STREET	200	027
14.1	ATHER'S NAME FIRST	AIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	
10	HARLES OLIVER SH			ALICE MARY			LAS	
160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE		ATTA C	m.
N	0	212-38	-2914	ALICE MARIE	CONSIDINE	4603 OM	AHA S	T
	18 CAUSE OF DEATH Enter and	y ane cause per line for (a), (b	o), and (c	ADD TO DITT MOST AD	W ADDROE	HIKAL H	APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	CAUSE (0) Cardio	Nongry	CARDIOPULMONAR	Y ARREST			
13	1129	DUE TO, OR AS A CONS						
	Canditians, if ony, which	(15) Metas	1/- 43	ETASTATIC ADE	NOCARCINOMA	OF LU	NG	
	gave rise to immediate	DUE TO, OR AS A CONS						
	underlying couse last.	(c)	EODENCE OF				1	
10	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	OITION GIVEN	IN PART 110	a
CERTIFICATION								
CAT	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
TIE					YES X NO	IN CERTIFYIN	CAUSES	NO [
18	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY VEAD	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)	
SAL S	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19	The second second				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR TOV		COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OF	FICE, FARM ETC)	ZIKEEI	CITY OR TOV	114	COUNTY	STATE
0	22a.1 certify that Withis hospite	al) attended the deceased fr	om 24	may 83 19	10	n 193	23	that (I) (ma) lost
	saw the deceased olive on above, (1) (No.) (did) (did) and	view the body ofter death	19, or	d that in (my) (our opinion de	eath occurred an the da	te and hour an	d from the	couses stoted
13	22b. SIGNATURE	11/		DEGREE			22c. DATE	SIGNED
	Phys U. L	after Mh		ATTENDING PHYSICIAN	MEDICAL STAF	AND	25-	4 83
1	22d. PHYSICIAN NAME (TYPE OR	PRINT)		22e ADDRESS	DIRECTOR ES FITTSIC			. , ,
	PHILIP A LAK	IER, MD		MALCOLM GROW	USAF MED (EN AAF	B, MD	20331
230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		OUNTY	
	Burial	6-6-83	Blymir	e Cemetery	Dallasto	wn, Pe	ennsy	ylvania

DHMH - 16 50M 1/B1 (VRA 15, 4)

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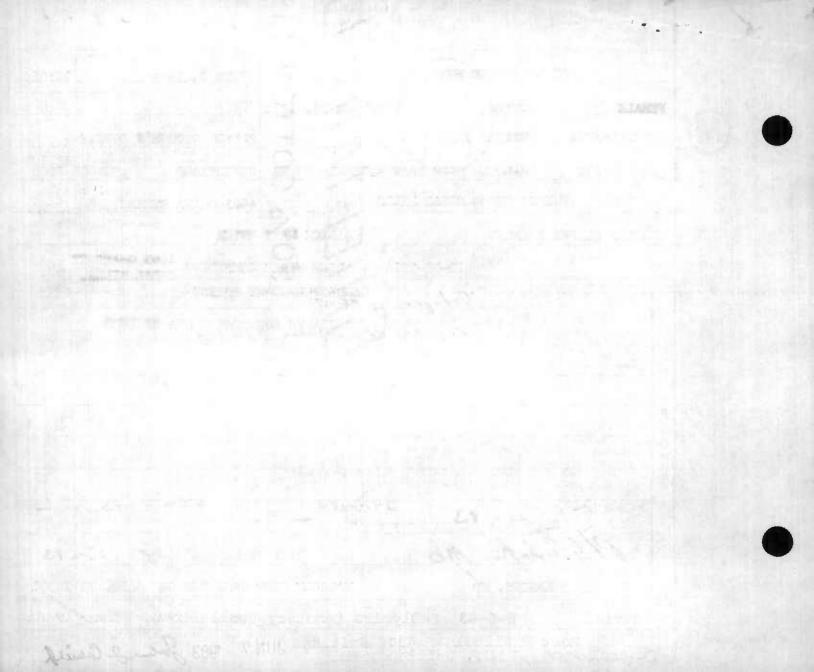
O FUNERAL DIRECTOR

24 FUNERAL DIRECTOR

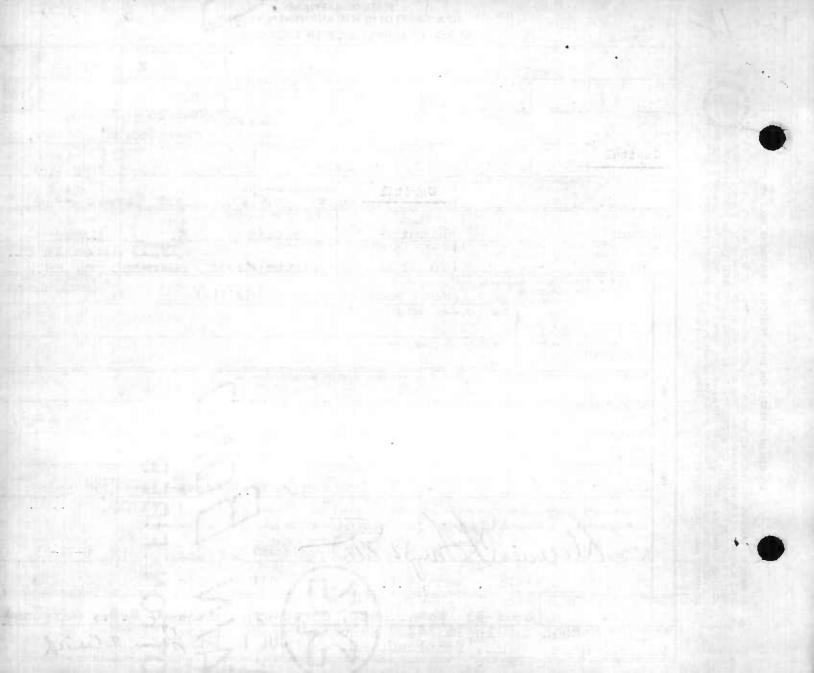
6-6-83

Dallastown, Pennsylvania

Robt E Wilhelm ADDRESS 4308 Suitland JUN 7 1983 John & Court Funeral Home Rd., Suitland, Md



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME FIRST 20 DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-1983 Donald Whitmire 6 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 5:30 D. M 4 RACE 5 DATE OF BIRTH DATE PRONOUNCED 26 1.83 30-35 DEAD April 48 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE 76 CITIZEN OF WHAT COUNTRYS MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George' Virginia DIVORCED S Count WIDOWED IISA II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION WITH FORM PM 3. RETAIN PAGE T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OEVITAL RECORDS, 201 V 3814 Clark Street address) Postal Clerk US Govt 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE 13b COUNTY NO X 3814 Clark Street 20743 Boulevard Halts PG Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDGLE Whitmire James Combs Mattie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO. 19113 Aldenham Ct. (YES. NO. OR UNKNOWN) Unknown Germantown, Md Annette Mever USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH (rifle) Gunshot wound of Chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTOPSY? AL, (body only PRIOR TO BUR! ARDED TO THE CHART SELECTION OF THE CHART SEL 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH BAY UNDERLYING XX OR 24 1983 subject shot himself CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION EXECUTE THE CONTIFICATE, WATHING ADGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE 3814 Clark St. Boulevard Hghts. Prince Home George's body only Inspection 22a I certify that I took charge of the remains descri Autopsy vicide XX. Undetermined manner Hamicide ___ death resulted from Natural causes 6-27-83 Assistant Dennis F. Smyth, EXAMINER'S NAME M.D. Penn Street (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Suitland, P.G., Maryland Burial 6 - 29 - 83Wash. Natl. Cemetery BP 4308 Suitland 250 **DHMH - 17** Rd., Suitland, Md. Funeral Home (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN A WONTH YEAR 26 HOUR DECEASED NAME (TYPE OR PRINT) Wilburn DEATH MATED Raymond Thomas 1319 83 2d HOUR 6. AGE (IN YEARS | IF UNDER TYR. 4. RACE IF UNDER 24 HRS 5 DATE OF BIRTH DATE PRONOUNCED Male White Sept.30,1912 70 DEAD 13 19 83 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? I BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Virginia U.S.A. Prince George's County 120. USUAL OCCUPATION (TYPE OF WORK D. CITY OR TOWN OF DEATH Struct.Steel Ravenswood Road Engineer Riverdale Zip Code - 20737 13d. INSIDE CITY LIMITS? 6005 Ravenswood Road THE MEDICAL EXAMINER ALOURS AFTER DEATH. IF ANY CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIL USED AS A BURIAL. TRANSIT PERMIT. PAGES I AND 2 SHOUL OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECOIL IR. CREMATION, OR REMOVAL. Mary land IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Fred Wilburn Josie Wilson ADDRESS 9304 Dangerfield 166. SOCIAL SECURITY NO 17 INFORMANT Mrs. Sandra W. KirkleyRd. Clinton, Md. 578-10-9237 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY S & IMMEDIATE CAUSE (a) Gunshot wounds of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2BODY SONLY TO MEDICAL EXAMINER: THIS CENTIFICAL CONTROLL FOR EXPERIENCE I.E. WRITING THE WORD "PROCE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. EXTERNAL CAUSE WAS HOUR AND MONTH DAY YEAR UNDERLYING TOOR Self_inflicted CONTRIBUTING CAUSE OF DEATH 4 . 4 (P.M. 13 19 83 PLACE OF INJURY STREET PACTORY FARM PTC I 6005 Ravenswood Rd. Riverdale WHILE AT WORK AT WORK and in my apinian Undetermined manner Homicide ITTLE (SPECIFY) 6/14/83 MD DODUN CHI OMEDICAL EXAMINER III Penn St. Balto., MD. Thomas D. Smith, M.D. 236 LOCATION Maryland P.G. Ft. Lincoln Crematory Brentwood 6/15/83 Cremation BP. 24 FUNERAL DIRECTOR **DHMH - 17** F. "Gasch's Sons F.H. P.A. Hyatts. Md. (VR A15 ME (5) 20M 4/82

Cromation 6/15/55 Ft. timenin Gro erus, renamed 6.6. Marginut P. Santais Sons F.H. P.M. Hyan S. Rt. H.R. Thomas A. R.

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	Ц		FOR STATE		DEPARTMENT OF							
			REGISTRAR		DICAL EXAMI	VER'S		OF DEATH	REG. NO.			
			EASED NAME FIRS	1	MIDDLE		LAST	2e. DAT		MONTH DAY	YEAR 26 HC	
0	EL SES. SES		Hattie	Clifton	wilke	rson		DEA	H MATED	6 11	19 83 3:0	1 Qp
ů č	FILES. FILES. HOURS	3 SE)		5. DATE OF BIRTH	6. AGE (IN)	EARS IF UI	DER 1 YR. IF UNI		TE	MONTH DAY	YEAR 2d HC	UR
>	7.4×2568	Ea	male Nearo	5 24		YRS.	HS DAYS HOURS			6 11	19 83 3/	M
435	S S S S S S S S S S S S S S S S S S S	I'a Bi	RTHPLACE (STATE OF	76 CITIZEN OF WE		8	IED NEVER MA	PRIED 9. BALT	JMORE CITY OR	COUNTY OF D		
	Necessary, Place Frunkal Director. E 5 FOR YOUR FILES. WITH 72 HOURS	Di	st. of Col.	U.S.A.		WIDOV	VED X DIVO	ORCED D SO		Hill Md		MD
	AY IS OTHER	ID CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOA	AE, OR OTH	IER INSTITUTION	12a USUAL OC	CUPATION (TYPE O	F WORK 12b. KIN	ID OF BUSINESS	
-			Md.	Reside	nce			Food Se	nvice	Sch	aal	
5	ANY DE AN	USUA 130. S	L RESIDENCE (IF IN NURSING HI	OME OR OTHER INSTITUTION GIV	VE RESIDENCE BEFORE ADMIS	SION)	134. INSIDE CITY LIMIT			20748	3	
21201	SHOULD RECORD	Mo		ible Hill	I St. CIT OK TOWN		YES X NO	□ 3208 Cu	rtis Dr.			
WD.		-	THER'S NAME				15. MOTHER'S MA					=
, A	GES 1, W PM	Jo	hn Clifton	MIDDLE	LAST		Mario		MIDDLE	n:	AST	
NO NO	N S S S S S S S S S S S S S S S S S S S	16a V	AS DECEASED EVER IN U.S	. ARMED FORCES?	166 SOCIAL SECUR	TY NO.	17 INFORMANT		ADDRESS	Tompla	Hills. N	Id
BALTIMORE,	URS AFIEK DEATH. 8. GIVE PAGES 1, WITH FORM PM. II. PAGES 1 AND 2 DIVISION OF VITA	{Y	S. NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	579-32-17	1-7	Thondaka	wilkerso		,		IU.
*	P S S S S S S S S S S S S S S S S S S S			er only one couse per life		1/	Theodore	e wickerso	11-3200 C		PROXIMATE INTERVA	=
15	07054		PART I DEATH WAS CA	USED BY:	ror (a), (a), and (c).)	11.	7.1.10	rden o	mulas	ALL BETW	EEN ONSET AND DE	TH
PRESTON	シー しゅいう		429 JMME	DIATE CAUSE IN CO	AS A CONSEQUENCE	cor	w ca	neces or	,	we were	7	_
REST	WITHIN S NCIL IN I NINER AL IRANSIT LTAL HYC		Conditions, if only, w		HE A CONTRACTOR	4						
	DTED WITH IN PENCIL EXAMINER EXAMINER IAL - TRANI O MENTAL I		gave rise to immed	liate (b)						- 100		_
W.	A L A L A L A L A L A L A L A L A L A L		cause (a) stoting the <u>un</u> lying couse last.	DUE TO, OR	AS A CONSEQUENCE	OF				4-14		
. 201	XECUTED JG" IN PI ZAL EXA BURIAL- AND ME	2		(c)								
RECORDS	H S S A H S	Z	PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN I	N PART 1 (a).				
REC	PENDI PENDI PENDI PENTH NL, CREA	CERTIFICATION	19a DATE OF OPERATION	Ligh CONDIT	ION FOR WHICH OPE	RATION V	AS PERFORMED?			20 A	UTOPSY?	_
₹ 8	SA SEE O	5		The Condition	JOINT ON WHILET OF E	MATIOI V	ASTERIOR OR MED.				_	~/
5	WORD "FEI WORD "FEI WORD "FEI HE CHIEF M B BE USED A EENT OF HEA O BURIAL, O	E	21a EXTERNAL CAUSE WA	S 21b. TIME OF	INITION	121. 11	OW INTUINY OCCU	RRED TENTER NATURE O			ES NO	1
DIVISION OF VITAL	₹# F∃₹ ₹		UNDERLYING OR	HOUR A.M	MONTH DAY YEA		OW INJOK! OCCU	KKED (ENIER NATURE O	INJURT IN HEM IB PAR	(I I OK PARI 2)		
O	SAR TO SAR	MEDICAL	CONTRIBUTING CAUSE	OF DEATH P.M.	17	211.10	CATION					_
2	HIS CER WRITIN ARDED AGE 3 S AGE 3 S ATE DEF	ME	WHILE NOT WHILE	CARCEA ELCS	ORY, FARM, ETC.)		STREET	CITY OF	TOWN	COUNTY	STA	re
	WRI WARE AAGE		AT WORK AT WORK									
	PR: P	10	22a I certify that I took o	harge of the remains des	sribed abave, held on	Autop	sy . Inspe	ction . Inqu	ry and	in my apinion		
	LEXAMINER: ECERTIFICATE DUID BE FOR H, WITH THE S MARYLAND,		death resulted from:	Natural causes	Accident S	vicide _	. Homicide	Undetermined	manner .			
	ARY ARE		~//	, V	20		TITLE (SPECIFY	')				
	A COUNTY OF THE		ACTUAL SIGNATURE	gusto !	Todure	7/1	Deput		AMINED	DATE 6	-11-83	?
	SER SE			/	//	/		MEDICALEX	AMIIAEK	SIGNED		10
	THE THE		(TYPE OR PRINT) ATTO	usto P. Rod	right. M	D.	ADDRESS 5000	Rayburn	Ct Temp	le Hill	c Md	
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BATTIMORE, MARYLAND	23a.B	JRIAL, CREMATION, REMOV		23c. NAME OF C			123d. LOCATIO	V			=
		(5	vrial	6-16-83			emetery	CITY OR TOWN	washin	gton, D	. C. STATE	
	BP		INERAL DIRECTOR		110.		-	TE REC'D. BY REGIS	RAR WEGIST	RAR'S SIGNATU	JRP . A.	_
	DHMH - 17 (VR A15 ME (5))		NAME RAHIDAL C. II.	ADDRESS			_ 30	N 171983	John	مها ملي	wy	
	20M 4/B2		BArnes & Mati	hews 1661 (Good Hope 1	2d	S.E.		W			

and the respective of the contract of the cont MANUAL SEE SHALL HELL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME OR PRINT)	Anne		N.M.I.)		rz.	June 18,		DAY YEAR	26 HOUR 5:40P
	3.56	Female		4 RACE White		5 DATE O	7, DAY 886	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
7	Li 10 Ci	exemburg of or town of E yattsvill	DEATH (U.S.A.		MARRIE WIDOWE NG HOME C	D NEVER MARRIED A	Prince Ge 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Governess	orge !	S Count	F BUSINESS OR
	130 S Ma	AL RESIDENCE (IFN STATE aryland	URSING HOME OR	ITY -	GIVE RESIDENCE BEFOR 136 CITY OR TOW Hyatts	/N	13d INSIDE CITY LIMITS? YES NO 🗌	3900 Hami	Zip (Code - Street	20781
4		ichael		MIDDLE	Wirz		Anne	WIDDLE		Petr	
		VAS DECEASED EV YES, NO OR UNKNOWN) O		MED FORCES? WAR OR DATES)	093-20-8		Mr. Ray Macl				cott Dr. 202
		Conditions, if o gave rise to couse 101, ste underlying con	ny, which mmediate oting the	(b)	R AS A CONSEOU	//	Vasculan			ma	ho.
X	IFICATION	PART 2 OTHER S					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
7	MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d NJURY OCCURRED 21d PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COL									STATE
		220.1 certify that	(1) (1) hospinosed olive on.	1 1.11	198		nd that in (my) (and opinion DEGREE ATTENDING	MEDICAL STA	\FF		The state of the s
		James		er, M.D			22e. ADDRESS 916 19th. S	t. N.W. Was		n, D.C.	100

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DHMH - 16 60M 1/75 (VR A 15 (4))

IMPORTANT: If Item 21 is

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial

231. NAME OF CEMETERY OR CREMATORY June 21,1983 Gate of Heaven Cem. 23d LOCATION
CITY OR TOWN
Silver Spring Mont.

Md.

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

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Washington, DC				
MEAN RELATED TRANSPORT			12 14 2	Harris

15 18		em #0 Film G50 FOR STATE REGISTRAR		MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	7005
H H I I I I I I I I I I		CEASED NAME FIRST	MIDDLE	L.	AST		AY YEAR 26. HOUR
3 75	[TYPE	MARTIN	D :	ZIMMERI	MAN .TP	06 02	83 2 18A.M.M
A de de	3. SE		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 (1)	Ma	ile	Caucasian	March	1 27, 1918	65 YRS.	ONTHS DAYS HOURS MIN.
T AMINE	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
野門の		faryland	U.S.A.	WIDOWE		Prince Georges	MD
1 11 20/	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		ROTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
2 feet /2	C1:	inton	Southern Marylan		oital Center	Plumber-Retired	
24 hou	130. 3	IAIE 136. COU	or other institution give residence before INTY 136. CITY OR TOVE George Ft. Wash	VN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 9325 Allentown	Road 20744
iffin 18 2 Sp	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	
and and seed a		Martin	D. Zimmerman	Sr.	Emma.	S.	Stauffer
ING PHYSKIAN: The low requires that the death certificate be executed within 24 hours a otherwing physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal. The medical establiance be not a contract to the contract of the medical establiance be not acted at them 18 shows any injury, or other traumatic event, the medical establiance be not acted.		VAS DECEASED EVER IN U.S. A. (15, NO OR UNKNOWN) YES WWI	IVE WAR OR DATES)		Jean Zimmerm	9325 Allentow an Ft. Washingto	
sicio spers ol. t, the		18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b), a	nd (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtific g phy on po emor even			ATE CAUSE (a)	sck			
th ce nding corbin or r		1101	DUE TO, OR AS A CONSEQU	ENCE OF	-0.4.1		
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hot the by the ase rem al, creme		cause (a), stating the underlying cause last.	DUE TO OR AS A CONSECU	IENICE OF	ARTERY 5	DISEASE	
equires to signed then ple to buric injury, or	NO	PART 2 OTHER SIGNIFICANT			· · · · · · · · · · · · · · · · · · ·	INAL DISEASE OR CONDITION GIVE	N IN PART 110
in. has been permit. he prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN: The ending physicia this certificate he buriol-transit put Amental Hygies d or them 18 floor	_	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	AY YEAR	214. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
HYSIC nding his cer buria d Ment or Her	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION	CITY OF TOWN	COUNTY STATE
dG p offer ter t ter t s the s the r s the	£	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE,	PARM, ETC.)	318661		
ATTENDIN Sapital or ECTOR: Aff of for use or of for use or t. of Health m 21 is mor		220.1 certify that (1) (this has	atal) attended the deceased fram	5 -	21 1983	, to 6 ~ 3	9 <u>83</u> , that (I) (we) lost
TTER Porto for of H		saw the deceased plive o	of view the body after brath.	, on	d that in (my) (our) opinion	death occurred an the date and hour	and from the causes stated
Che he		22b. SIGNATUR	To Albur	Hz ,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 3
HOSPITAL inned by th FUNERAL Ubb de deto th the Store	139	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESS		
		Steven, Burka,	M.D.	13	28 Southern	Ave., S.E. Washingt	on, D.C. 20032
0 g C d s 3	23o. 8	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	123d, LOCATION	
BP	(Burial	6/6/83	leder I	Hill Cemetery	Suitland P	G. Maryland
DHMH - 16 50M 4/82	24. FL	JNERAL DIRECTOR	6160	Oxon	H111 Bd 250, DAT	E REC'D. BY REGISTRAR 256. REGISTE	PAR'S SIGNATURE
(VRA 1S, 4)	Ge	eorge P. Kalas	Funeral Home	xon H	11, Md.	UN 6 1983 Jaa	2.00

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